

## HEALTHCARE SYSTEM SURGE

### AUTHORITY

#### I DEFINITIONS

- A. **“Control Facility”** is the facility designated by the EMS Agency to monitor hospital capacity and capability and to assume primary responsibility for directing patient destinations by ambulance during a Multiple Casualty Incident or Healthcare System Surge Event.
- B. **“Healthcare Surge Event”** means a proclamation by the local health officer or other appropriate designee, using professional judgment determines, subsequent to a significant event or circumstances, that the healthcare delivery system has been impacted, resulting in an excess in demand over capacity and/or capability in hospitals, community care clinics, public health departments, other primary and secondary care providers, resources, and/or emergency medical services. The local official uses the situation assessment information provided from the healthcare delivery system partners to determine overall local healthcare jurisdiction/operational area medical and health status.
- C. **“Level I Surge” (Yellow)** means that most hospitals within the county are experiencing a surge and are able to manage the situation with the assistance of the Control Facility or waivers for normal patient care services.
- D. **“Level II Surge” (Orange)** means, the hospitals in the county require participation of additional healthcare assets (e.g. clinics, public health, long term care, etc.) to contain the situation; and regularly scheduled planning sessions or conference calls are necessary in order to strategize, coordinate, collaborate, and communicate among all community healthcare providers, EMS agency, Public Health, Fire, and OES coordinators.
- E. **“Level III Surge” (Red)** means healthcare providers within the county are not capable of meeting the demand for care, and assistance from outside the Operational Area is required. A local Healthcare Surge Event has been proclaimed. Regional, or statewide coordination is necessary in order to meet the medical and health needs of the public.
- F. **“Level IV Surge” (black)** means the healthcare providers within the Operational Area are not capable of meeting the demand EMS and hospital standards of care must be recalibrated using pre-approved altered standard of care protocols, and less-acute hospital patients should be triaged from hospitals to appropriate alternate care providers. Statewide or national coordination is necessary.
- G. **“Medical/Health Operational Area Coordinator (MHOAC)”** means the Public Health Officer and local EMS Agency Administrator or designee who is responsible, in the event of a disaster or major incident where mutual aid is requested, for obtaining and

coordinating services and allocation of resources within the Operational Area (county) border.

## II PURPOSE

- A. To prevent the escalation of Healthcare Surge and mitigate its impact on the healthcare community by developing a system for appropriate distribution of available resources during a system overload or disaster.
- B. To provide healthcare managers, and emergency managers with timely and accurate information that allows them to mitigate current or pending hospital resource or capacity deficiencies.
- C. To augment standard EMS System MCI Policies and Procedures.

## III POLICY

### A. OPERATIONAL AREA PLANNING AND PREVENTION

- 1. Public and private-sector agencies should coordinate planning to minimize the impact of predictable events. Emergency planning is always event-specific because the characteristics of each emergency are different. However, there are general concepts that are applicable in most emergencies. Some of these concepts are articulated in this section.
- 2. Agencies responsible for planning, coordinating, or operational functions, or that are elements of a critical or high-risk infrastructure should work cooperatively to prevent or mitigate the impact of a natural or man-made disaster.
- 3. Agencies should verify the availability of equipment and supply caches before an incident. Agencies should always assure that supplies are maintained at desired par-levels.
- 4. Agencies should establish a Joint Information Center (JIC) before an incident to provide coordinated and focused public education and information messages. These messages should provide the public with credible direction or other actionable information that decreases their reliance on scarce resources.
- 5. Public and private-sector first responders and first receivers should receive “just in time” training in topics relevant to the incident.
- 6. All organizations should assure that emergency operations plans, phone numbers, and staff call back trees are current. Update documents as time allows.

7. All organizations should assure that local and state government agency contacts are current. Key contacts include the Placer County Health Department, MHOAC, Sierra-Sacramento Valley EMS Agency (S-SV EMS), Placer County Office of Emergency Services, the Control Facility, and State Department of Health Services, Licensing and Certification. Maintain 24/7/365 contact information. Note-The Placer MHOAC is a shared position between the Placer County Health Officer and the Regional Executive Director of S-SV EMS. The MHOACs can be reached during business hours at their respective agencies or after hours through the Placer County Sheriff's Department dispatch center.
8. All agencies should verify that they are prepared to provide critical capabilities and functions.

#### B. HOSPITAL PLANNING AND PREVENTION

1. Hospitals should work closely with other hospitals within their corporate structure to determine the status of critical hospital services within their regional service area.
2. Hospitals should work with their corporate organization to develop pre-incident inter-facility staffing reciprocity agreements and post-incident expedited credentialing capacity among their corporate facilities.
3. All hospitals should implement recurring training in disaster and emergency operations, to include HICS, ICS, SEMS, NIMS, Haz-Mat/Decontamination, and the hospital's emergency operations plan.

### IV PROCEDURE

A. Responses to Healthcare System Surge are organized into four distinct levels. The procedures in this Section are generally applicable to most Healthcare System Surge incidents; however, because each incident has its own unique characteristics, hospitals, Local EMS Agency, Control Facility, Dispatch, and EMS personnel are always required to use their best professional judgment to respond to emergency and disaster situations.

#### 1. **LEVEL I SURGE:** (Yellow)

##### a. **CRITERIA**

Criteria for Level I Surge includes:

- (i) Two or more hospitals within the system experiencing a sudden unexpected increase in the number or severity of patients, and have announced an internal Level I Surge.

##### b. **IMPACTED HOSPITAL(S):**

- (i) Notify the Control Facility of status change.
- (ii) Update facility status in EMSsystem to Advisory (including reason for Level I Surge) and provide additional updates every two hours, or as requested by Control Facility.
- (iii) Initiate or continue with internal hospital surge policies.

c. NON-IMPACTED HOSPITAL(S):

- (i) ED charge nurse will receive Level I notification from Control Facility via EMSsystem.
- (ii) ED charge nurse monitors status in their ED.
- (iii) Investigate/confirm capacity of service(s) in facility.
- (iv) Update facility status in EMSsystem and provide additional updates every two hours or as requested by Control Facility.
- (v) Consider activation of internal hospital surge policies.

d. MHOAC

- i. Consider establishing ongoing planning sessions/coordination with all potentially impacted agencies/facilities.
- ii. Consider site visits of hospitals to verify statuses and Level I activities.

e. CONTROL FACILITY

- (i) Assess capacity and capability of other hospitals within county.
- (ii) Consider assessing capacity and capability of neighboring counties (Sacramento Regional EMSsystem Zones 1-7), when appropriate.
- (iii) Notify MHOAC, hospitals, Local EMS Agency, dispatch providers, and ambulance providers of Level I Surge in system.
- (iv) Coordinate all patient distribution per Patient Distribution Manual of OES Region IV MCI Plan until Surge level indicators have been resolved.

g. DISPATCH PROVIDERS

- (i) Notify supervisors and ambulances providers of Surge Level I activation in system.

h. AMBULANCE PROVIDERS

- (ii) Contact Control Facility for destination decisions.

2. LEVEL II SURGE: (Orange)

a. CRITERIA

Criteria for Level II Surge includes concurrence of two or more EMS or hospital providers that regularly scheduled planning sessions are necessary to mitigate the impact of the surge.

b. IMPACTED HOSPITALS

- (i) Take any actions not previously completed for Level I Surge.
- (ii) ~~ED charge nurse~~ Emergency Department to notify ED Director and House Supervisor of appropriate personnel Level II Surge.
- (iii) ~~House Supervisor to notify Hospital Administration and the Director of Nursing of the Level II Surge.~~
- (iv)(iii) ED Director and house supervisor respond to ED to assess critical hospital services and supplies. Attempt to forecast event.
- (v)(iv) Update Facility Status in EMS system at least every 2 hours or as requested by the Control Facility
- (vi)(v) Consider activating HICS structure.
- (vii)(vi) Consider contacting DHS Licensing and Certification for staffing and bed capacity flexibility.
- (viii)(vii) Augment hospital's staff, i.e. alternate staffing schedules, consider call-back staff, and receive staff from corporately-related hospitals.
- (ix)(viii) House Supervisor evaluates the need to use outpatient and recovery room to house admissions
- (x)(ix) House Supervisor approves placement of new admit in hallway of inpatient department that will admit patient.

~~(xi)~~(x) Hospital Administration should consider cancellation of elective procedures.

~~(xi)~~(xi) Participate in community medical/health planning sessions/coordination.

c OTHER HEALTHCARE PROVIDERS (non-hospital)

- (i) Consider activating internal emergency response plans.
- (II) Consider augmenting staff, i.e. alternate staffing schedules, consider call-back staff.
- (III) Participate in community medical/health planning sessions/coordination.
- (IV) Monitor EMS system and CAHAN as requested by MHOAC.

c. MHOAC

- (i) Take any actions not previously completed for Level I Surge.
- (ii) Attempt to forecast trend of impact.
- (iii) Determine capability and capacity for critical hospital services at all hospitals within the county.
- (iv) Notify County Health Officer and EMS Agency Duty Officer
- (v) Notify OES Director
- (vi) Coordinate community medical/health planning sessions/coordination for as necessary
- (vii) Consider requesting activation of Operational Area EOC.
- (viii) Consider activation of county-specific volunteer program or state ESAR-VHP program.
- (ix) Consider requesting activation of JIC.
- (x) Coordinate Risk Communication messages with Public Health Department, including: advisory messages to the medical/health

community, media updates, etc.

- (xi) Consider request for declaration of local state of emergency.
- (xii) Monitor capabilities and status of ambulance providers.
- (xiii) Consider need for alternate medical triage for 911 medical aid requests and austere care protocols for field EMS personnel.
- (xiv) Evaluate the need for additional health/medical resources:
  - 1. Ambulance Strike Teams
  - 2. Hospital Staff
  - 3. Equipment/Supplies
- (xv) Prioritize Medical Resource Requests
- (xvi) Prioritize Medical Transportation Requests
- (xvii) Notify RHDMC

d. CONTROL FACILITY

- (i) Take any actions not previously completed for Level I Surge.
- (ii) Determine available capacity for critical hospital services at all hospitals within the county, Sacramento Regional EMS System Zones 1-7 and communicate with the Regional Control Facility regarding patient distribution to other Region IV hospitals if needed
- (iii) Notify hospitals, EMS Agency, dispatch providers, and ambulance providers of Level II Surge.
- (iv) If appropriate to situation, direct ambulances to non-impacted destinations, based on service capability.
- (v) Standby—consider additional staffing for future operational periods.

e. DISPATCH PROVIDERS

- (i) Notify EMS Providers of Level II Surge Status.

(ii) If appropriate to situation, hold or direct non-emergency interfacility transfers with the objective of developing additional Critical Hospital Service capacity.

(iii) Consider adding additional staff for potentially increased volume of EMS System calls and interfacility transfers.

f. **AMBULANCE PROVIDERS**

(i) Contact Control Facility for destination decisions.

(ii) Upon request of MHOAC, staff and deploy additional ALS, BLS, and Critical Care Units for potentially increased volume of EMS System calls and interfacility transfers.

(iii) If appropriate to situation, hold or direct non-emergency inter-facility transfers with the objective of developing additional Critical Hospital Service capacity.

(iv) Add additional staff for increased volume of EMS System calls and inter-facility transfers.

3. **LEVEL III SURGE: (Red)**

a. **CRITERIA**

Criteria for Level III Surge includes:

(i) Healthcare Surge Event has been proclaimed by the Public Health Officer or designee.

b. **ALL HOSPITALS**

(i) Take any actions not completed under Level II Surge.

(ii) Hospital Command Center will notify appropriate personnel of Level III Surge.

(iii) Participate in community medical/health planning sessions/coordination.

c. **OTHER HEALTHCARE PROVIDERS (non-hospital)**

(i) Take any actions not completed under Level II Surge..

(II) Participate in community medical/health planning sessions/coordination.

d. MHOAC

- (i) Take any actions not completed under Level II Surge.
- (ii) Determine available capacity for critical hospital services at all hospitals within the county.
- (iii) Coordinate community medical/health planning sessions/coordination for:
  - Attempted forecasting of the duration and impact of the event
  - Coordination of personnel, resource, and supply needs
  - Recruitment of community medical personnel and volunteers
  - Activation of alternate care sites
- (iv) Evaluate the need for additional health/medical resources:

Personnel:

- Cal-MAT, DMAT, CMV

Equipment/Supplies :

- Ambulance Strike Teams
- Mobile Field Hospital
- Pharmaceutical Caches, Strategic National Stockpile (SNS)

e. CONTROL FACILITY

- (i) Determine available bed capacity at all hospitals within the county, Sacramento Regional EMS System Zones 1-7, and communicate with other Control Facilities within Region IV regarding patient distribution as needed.
- (ii) Coordinate additional bed capacity needs with the MHOAC.
- (iii) Consider additional staffing for future operational periods.

f. DISPATCH PROVIDERS

- (i) Notify EMS Providers of Level III Surge Status.
- (ii) Consider adding additional staff for potentially increased volume of EMS System calls and interfacility transfers.

g. AMBULANCE PROVIDERS

- (i) Contact Control Facility for destination decisions.
- (ii) If appropriate to situation, hold or direct non-emergency inter-facility transfers with the objective of developing additional Critical Hospital Service capacity.
- (iii) Upon request of MHOAC, staff and deploy additional transport resources for potentially increased volume of EMS System calls and interfacility transfers.

4. LEVEL IV SURGE: (Black)

a. Criteria for Surge Level IV includes:

Altered or Austere Protocols have been adopted by the local coalition of healthcare providers in order to adapt to the increased demand

b. ALL HOSPITAL(S)

- (i) Take any actions not taken under Level III.
- (ii) Hospital Command Center will notify appropriate personnel of Level IVH Surge.
- (iii) Participate in community medical/health planning sessions/coordination for:
  1. Implementation of Alternate or Austere Medical Protocols

c. OTHER HEALTHCARE PROVIDERS (non-hospital)

- (i) Take any actions not completed under Level III Surge..
- (ii) Participate in community medical/health planning sessions/coordination for implementation of Alternate or Austere Medical Protocols

c. MHOAC

- (i) Take any actions not completed under Level III Surge.
- (ii) Determine available capacity for critical hospital services at all hospitals and Alternate Care Sites within the county.

(iii) Participate in community medical/health planning sessions/coordination for:

1. Altered levels of care

(iv) Consider public recruitment of licensed professional volunteers to assist hospitals.

(v) Prioritize requests for medical and health assets

(vi) Notify RHDMC

d. CONTROL FACILITY

(i) Notify hospitals, dispatch providers, and ambulance providers of Level IV Surge in system.

(ii) Add additional staff for increased volume of EMS System calls and inter-facility transfers

e. DISPATCH PROVIDERS

(i) Notify EMS Providers of Level IV Surge status.

(ii) Implement triage and altered response protocols as directed by the MHOAC.

(iii) Add additional staff for increased volume of EMS System calls and inter-facility transfers.

f. AMBULANCE PROVIDERS

(i) Contact Control Facility for destination decisions.

(ii) Implement triage and altered response protocols as directed by the MHOAC.

~~(ii)~~(iii) Upon request of the EMS Agency, staff and deploy additional ALS, BLS, and Critical Care Units for increased volume of EMS System calls and inter-facility transfers.

~~(iii)~~(iv) Add additional staff for increased volume of EMS System calls and inter-facility transfers.