

INTRODUCTION

A. Background

Medical surge capacity refers to the ability to evaluate and care for a markedly increased volume of patients – challenging or exceeding the normal capacity of a hospital or healthcare system. Individual hospitals plan for and routinely handle surge requirements resulting from seasonal fluctuations in respiratory ailments, environmentally based conditions, and community incidents. In Placer County, as throughout most of California, hospitals routinely operate at or near capacity. Moderately-sized incidents are handled in accordance with the Region IV Multi-casualty Incident Plan. Patients are transported to hospitals throughout the county and throughout the region to avoid overloading any single hospital. However, very large-scale incidents or widespread disease outbreaks may overwhelm the capacity of all hospitals and other healthcare providers in a region. Responding to such incidents requires the close coordination and cooperation of hospitals, community clinics, governmental agencies, and other healthcare providers.

B. Project Oversight

A multi-disciplinary Steering Committee and Advisory Committee comprised of representatives from local hospitals, clinics, ambulance service, Public Health, EMS Agency, and OES were formed to provide input and guidance in the development of the Community Surge and ACS plans, policies, and procedures. The Steering Committee, comprised of facility administrators, provided overall direction and final approval of all documents. The Advisory Committee, comprised of the Emergency Preparedness Coordinators from participating facilities, provided the primary input and feedback during each phase of the document development.

C. Purpose

The purpose of this plan is to provide a framework for the management of medical surge needs resulting from an incident that overwhelms the capacity of hospitals in Placer County and nearby counties in order to meet the overall goal of minimizing mortality and morbidity.

As the demand for healthcare services increase and existing healthcare facility assets become exhausted, the local or state government will have to step in and establish government authorized Alternate Care Sites (ACSs) to absorb the patient load until the local healthcare system recovers from a Level III or Level IV Surge Event.