

**MOUNTAIN-VALLEY EMS AGENCY  
POLICIES AND PROCEDURES**

POLICY: **571.00**  
TITLE: **EMS/HOSPITAL SYSTEM SATURATION**

APPROVED: Signature On File In EMS Office  
Executive Director  
  
Signature On File In EMS Office  
Medical Director

EFFECTIVE DATE 08/24/2009  
SUPERSEDES: 570.11  
REVISED: 08/01/2009  
REVIEW DATE: 09/2014  
PAGE: 1 of 8

---

---

**EMS/HOSPITAL SYSTEM SATURATION**

**I AUTHORITY**

Division 2.5, Health and Safety Code, Sections 1797.170, 1797.220, 1798.101; California Code of Regulations, Title 22, Division 9, Chapters 4 through 9

**II DEFINITIONS**

- A. "Altered Standard of Care Protocols" means temporary protocols issued by the EMS Agency Medical Director that direct field personnel to implement a revised set of treatment procedures due to scarce equipment, supplies, or personnel in order to save the largest number of lives in contrast to the traditional focus on saving individuals.
- B. "Disaster Control Facility" (DCF) means the facility designated by the EMS Agency to monitor capacity and capability and to assume primary responsibility for directing patient destinations by ambulance during a Multiple Casualty Incident or EMS/Hospital System Saturation.
- C. "Healthcare Surge Event" means a proclamation by the local health officer or 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.
- D. "Joint Information Center (JIC)" is the location established by local government to coordinate the release of information to the press, media, and general public.
- E. "Level I" (State Level I Surge: Yellow) means that most healthcare assets within the county are experiencing a surge and are able to manage the situation with the assistance of the Disaster Control Facility.
- F. "Level II" (State Level II Surge: Orange) means, the healthcare assets 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 medical/health providers, EMS agency, Public Health, Fire, and OES coordinators.
- G. "Level III" (State 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 and Public Health policies will take effect. Regional, statewide, or national coordination is necessary in order to meet the medical and health needs of the public.

- H. “Level IV Saturation or above (State Level IV Surge: Black)” are additional levels of surge that may be defined by County Public Health, which may supersede the procedures established in this policy.
- I. “**Surge**” means a sudden and excessive rise in number of patients presenting to local emergency rooms.

### **III PURPOSE**

- A. To prevent the escalation of EMS/hospital system saturation and mitigate its impact on the EMS community by developing a system for appropriate distribution of available resources during system overload or disaster.
- B. To provide EMS/hospital system managers and local government representatives with timely and accurate information that allows them to mitigate current or pending healthcare resource or capacity deficiencies.
- C. To augment MCI policies: #810.00 MCI Field Operations Manual, #820.00 MCI Control Facility Manual, and #830.00 MCI Medical Mutual Aid System.

**NOTE:** Additional criteria or policies regarding saturation may be established by the MHOAC or EMS Agency. In such cases, the local policy/procedure would supersede this policy (e.g. Stanislaus Saturation Policy 958.20)

### **IV PROCEDURE**

- A. Planning/Prevention
  - 1. Hospital and EMS provider agencies shall ensure that emergency operations plans, phone numbers, and staff call back trees are current, including local and state government agency contacts.
  - 2. Hospitals and EMS provider agencies shall implement recurring training in disaster and emergency operations, to include ICS, SEMS, NIMS, Haz-Mat/Decontamination, and relevant emergency operations plans.
  - 3. Hospital and EMS provider agencies shall develop and maintain equipment and supply caches necessary to sustain operations during a system saturation event.
  - 4. Hospital and EMS provider agencies shall coordinate planning for public education and information messages with county OES and Public Health.
  - 5. Hospitals shall work with their corporate organization to develop pre-incident inter-facility staffing reciprocity agreements and post-incident expedited credentialing capacity among their corporate facilities.
  - 6. Hospitals shall develop, maintain, and periodically exercise internal Surge policies, that integrate with the policies and procedures contained herein.

**B. System Response**

**1. LEVEL I SATURATION**

**a CRITERIA**

Criteria for Level I Saturation includes:

- (1) Most healthcare assets within the county are experiencing an unanticipated surge in patients.

**b HOSPITALS**

- (1) ED charge nurse monitors status in their ED.
- (2) Investigate/confirm capacity of service(s) in facility.
- (3) Update facility status in EMS system and provide additional updates every two hours or as requested by DCF.
- (4) Activate internal hospital surge policies as appropriate.

**c DCF**

- (1) Consider assessing capacity and capability of neighboring counties, when appropriate.
- (2) Notify hospitals, EMS Agency, dispatch providers, and ambulance providers of Level 1 Saturation in system.
- (3) Coordinate all ambulance patient distribution until Saturation level indicators have been resolved.
- (4) In the event that Level I Saturation continues longer than eight (8) hours or is anticipated to escalate, notify the EMS Agency.

**d MOUNTAIN VALLEY EMS AGENCY**

- (1) Consider establishing ongoing planning sessions/coordination with all potentially impacted agencies/facilities if event is anticipated to escalate.
- (2) Consider site visits of hospitals to verify statuses and Level I activities for events that continue longer than eight (8) hours.

**e DISPATCH PROVIDERS**

Notify supervisors and ambulance providers of Saturation Level 1 activation in system.

**f AMBULANCE PROVIDERS**

- (1) Contact DCF for all patient destination decisions. Provide START triage category and Receiving Facility Report on each patient.

**2. LEVEL II SATURATION**

**a. CRITERIA**

Criteria for Level II Saturation includes concurrence of EMS and hospital that regularly scheduled planning sessions are necessary to mitigate the impact of the surge.

**b. HOSPITALS**

- (1) Take any actions not previously completed for Level I Saturation.
- (2) Participate in community medical/health planning sessions.
- (3) ED charge nurse to notify ED Director and House Supervisor of Level II Saturation.
- (4) House Supervisor to notify hospital Administration and the Chief Nursing Officer/Nurse Executive of the Level II Saturation.
- (5) ED Director and house supervisor respond to ED to assess critical hospital services and supplies. Attempt to forecast event.
- (6) Update Facility Status in EMSsystem at least every 2 hours or as requested by the DCF.
- (7) Consider activating Hospital Emergency Operations Plans.
- (8) Consider contacting DHS Licensing and Certification for staffing and bed capacity flexibility.
- (9) Augment hospital's staff and project future staffing needs (i.e. alternate staffing schedules, consider call-back staff, and receive staff from corporately-related hospitals).
- (10) House Supervisor evaluates the need to use outpatient and recovery room to house admissions.
- (11) House Supervisor considers approval of the placement of patients in hallways of appropriate inpatient departments.
- (12) Administration should consider cancellation or postponement of elective surgeries/procedures.

**b. DCF**

- (1) Take any actions not previously completed for Level I Saturation.
- (2) Participate in community medical/health planning sessions.
- (3) Notify EMS Agency, dispatch providers, and ambulance providers of Level II Saturation.
- (4) If appropriate to situation, direct ambulances to non-impacted destinations, based on service capability.
- (5) Consider augmenting staff and project staffing needs for future operational periods.

**c. MOUNTAIN VALLEY EMS AGENCY**

- (1) Take any actions not previously completed for Level I Saturation.
- (2) Attempt to forecast impact and duration of event.
- (3) Determine capability and capacity for critical hospital services within the county.

- (4) Notify County Health Officer
- (5) Notify OES Director
- (6) Notify RHDMC
- (7) Schedule and coordinate community medical/health planning sessions as necessary.
- (8) Consider requesting activation of Operational Area EOC.
- (9) Consider requesting activation of county and state volunteer programs.
- (10) Consider requesting activation of the JIC.
- (11) Coordinate Risk Communication messages with Public Health Department or JIC if activated, including: advisory messages to the medical/health community, media updates, etc.
- (12) Consider request for declaration of local emergency.
- (13) Monitor capabilities and status of ambulance providers.
- (14) Consider activating Medical Health Operational Area Coordinator (MHOAC) function to:
  - (i) Evaluate the need for additional health/medical resources:
    - Ambulance Strike Teams
    - Staff
    - Equipment/Supplies
- (15) Prioritize Medical Resource Requests
- (16) Prioritize Medical Transportation Requests
- (17) Consider querying for service availability in other counties or regions through the RDMHC/S.
- (18) Consider querying ambulance providers for number of available mutual aid units.
- (19) Consider alternate medical triage for 911 medical aid requests and altered standard of care protocols for field EMS personnel, including integration of BLS transport units into the 911 system.
- (20) Consider augmenting staff and project staffing needs for future operational periods.

**c. DISPATCH PROVIDERS**

- (1) Notify EMS Providers of Level II Saturation Status.
- (2) If appropriate to situation, cancel or re-direct non-emergency transfers with the objective of developing additional critical hospital service capacity.
- (3) Consider augmenting staff and project staffing needs for future operational periods.

**d. AMBULANCE PROVIDERS**

- (1) Participate in community medical/health planning sessions.
- (2) Contact DCF for all destination decisions.
- (3) Upon request of Mountain Valley EMS Agency, staff and deploy additional ALS, BLS, and Critical Care Units for potentially increased volume of EMS System calls and interfacility transfers.
- (4) If appropriate to situation, cancel or re-direct non-emergency transfers with the objective of developing additional critical hospital service capacity.
- (5) Consider augmenting staff and project staffing needs for future operational periods.

**3. LEVEL III SATURATION**

**a CRITERIA**

Criteria for Level III Surge includes:

- (1) Critical hospital services are unavailable at all local healthcare facilities, and are anticipated to be unavailable for 12 hours or greater.
- (2) Regional, State, or Federal coordination is necessary in order to meet the medical/health needs of the public.
- (3) Other criteria or policies established by the MHOAC or EMS Agency. In such cases, the local policy/procedure would supersede this policy (e.g. Stanislaus Saturation Policy 958.20)

**b HOSPITALS**

- (1) Take any actions not completed under Level II Surge.
- (2) Command Center will notify appropriate personnel of Level III Surge.
- (3) Participate in community medical/health planning sessions/coordination.
- (4) Consider Alternate Standard of Care protocols

**c MOUNTAIN VALLEY EMS AGENCY**

- (1) Take any actions not completed under Level II Surge.
- (2) Determine available capacity for critical hospital services within the county.
- (3) Request proclamation of a local emergency
- (4) Participate in community medical/health planning sessions/coordination for:
  - (i) Attempted forecasting of the duration and impact of the event
  - (ii) Coordination of personnel, resource, and supply needs
  - (iii) Recruitment of community medical personnel and volunteers
  - (iv) Activation of alternate care sites
  - (v) Implementation of Alternate Standard of Care protocols
- (5) Evaluate the need for additional health/medical resources:
  - (i) Personnel (consider local, state, & federal disaster assistance teams & volunteers)
  - (ii) Equipment/Supplies :
    - Ambulance Strike Teams,
    - Mobile Field ,
    - Pharmaceutical Caches, SNS

d DCF

- (1) Determine available capacity for critical hospital services within the county.
- (2) Consider additional staffing for future operational periods.

e DISPATCH PROVIDERS

- (1) Notify EMS Providers of Level III Surge Status.
- (2) If appropriate to situation, hold or direct non-emergency interfacility transfers with the objective of developing additional critical hospital service capacity.
- (3) Consider adding additional staff for potentially increased volume of EMS System calls and interfacility transfers.

f AMBULANCE PROVIDERS

- (1) Contact DCF for destination decisions.
- (2) Upon request of Mountain Valley EMS Agency, staff and deploy additional ALS, BLS, and Critical Care Units for potentially increased volume of EMS System calls and interfacility transfers.
- (3) If appropriate to situation, hold or direct non-emergency inter-facility transfers with the objective of developing additional critical hospital service capacity.
- (4) Add additional staff for increased volume of EMS System calls and inter-facility transfers.

4. TRANSITION TO OPERATIONAL AREA DISASTER OPERATIONS

In the event that it becomes necessary to declare a Level III Healthcare Surge Event (or above), medical/health disaster operations will be transitioned to the authority of the Public Health Officer and the Operational Area Emergency Operations Center (EOC).