CALIFORNIA OFFICE OF EMERGENCY SERVICES REGION IV

MULTI-CASUALTY PLAN

MANUAL 2

<u>CONTROL FACILITY</u>

DECEMBER 1997

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INTRODUCTION

CONTROL FACILITY

DEFINITION

The Control Facility (CF) is that agency responsible for the dispersal of patients during all Multi-Casualty Incidents (MCI).

The CF will collect a Status Report (MCM #408) from all receiving facilities and notify them when patients have been dispersed to them.

DESIGNATION

Each county, through their local designation process, will select the CF after reviewing applications and qualifications of applicants. One facility can function as a CF for adjoining small counties. The CF will have the equipment, staff, and training necessary as specified in this document.

References (See enclosures as listed below)

ENCLOSURE A - Model CF Designation Policy
ENCLOSURE B - Model CF Agreement
ENCLOSURE C - Model CF Application
ENCLOSURE D - Hospital Directory

SECTION 1
COMMAND & CONTROL

1.1 **PERSONNEL**

All personnel will attend training sessions to learn CF procedures. Periodic classes will be scheduled for updating procedures and review. The following primary position descriptions list minimum qualifications to hold the function and a list of duties to conduct.

* **Control Facility Supervisor**

Qualifications: R.N., M.I.C.N., M.D. or other qualified individuals with management experience. (See Position Description MCM-430)

Duties of the Control Facility Supervisor include:

- Directs the activities of the CF staff.
- Assigns staff as appropriate to ensure that functions of the CF are complete.
- Assists by handling additional Advanced Life Support (ALS) and Basic Life Support (BLS) traffic.
- Maintains records of all MCI(s).
- Acts as liaison with administration and other receiving facilities.
- Evaluates comments from receiving facilities.
- Attends and helps organize critiques.
- Schedules and runs drills/exercises with CF staff.
- Responsible for training Control Facility staff.
- Activate Regional Control Facility when appropriate.

* **Patient Dispersal Officer**

Qualifications: R.N., M.I.C.N. or M.D. (See Position Description MCM-431)

Duties of the Patient Dispersal Officer include:

- Assumes dispersal decisions for pre-hospital personnel.
- Communicates with Patient Transportation Group Supervisor (PTGS) or designee in the field.
- Determines patient destination and exchanges other relevant information with field personnel.
- Provides destination to other Advanced and Basic Life Support traffic during time of MCI.

*   **Facility Status Officer**

Qualifications: Clerical personnel familiar with Emergency Department terminology. (See Position Description MCM-432)

Duties of the Facility Status Officer include:

-       Communicates with receiving facilities to collect patient treatment capabilities.
-       Verifies surgeon availability for own Operational Area during TRAUMA MCIs.
-       Relays (Area Wide) Status Summary (MCM-408) to the Patient Dispersal Officer.
-       Relays patient destination and other relevant information to receiving facilities.

*   **Receiving Facility Officer**

Qualifications: Clerical personnel familiar with Emergency Department terminology. (See Position Description MCM-433)

Duties include:

-       This position functions in the receiving facilities.
-       Collects information for Status Report Worksheet (MCM-407) from Emergency Department supervising physician and supervising nurse.
-       Communicates information to CF.
-       Keeps receiving facility current on the potential number of patients the facility may receive.
-       Updates receiving facility on incident operations.

COMMUNICATIONS

2.1 PRIMARY NETWORKS

Two separate communication networks will be employed. These networks can be either telephone and/or radio. It is imperative the networks be dedicated to the MCI.

* **Network Number 1:**

Communication system used between field/pre-hospital personnel and Control Facility:

The Patient Dispersal Officer and Patient Transportation Group Supervisor or designee will maintain ongoing communications through routine method of pre-hospital notification (a dedicated system).

Examples:

- UHF Radio Frequencies
- VHF Radio Frequencies
- Cellular Telephone

* **Network Number 2:**

Communication system used between Control Facility and the receiving facilities:

The CF will maintain ongoing communications with all receiving facilities.
The dedicated system utilized will be chosen according to each county's needs and capabilities. Both the CF and all receiving facilities must have the capability to send as well as receive information. Receiving facilities will install equipment compatible with the CF central system.

Examples:

- Conference Telephone
- Computer System
- Hospital Emergency Alert Radio (HEAR) System
- UHF Radio Frequency

2.2 BACK-UP NETWORKS

Every system in Network 1 and 2 should have a designated back-up system to replace or enhance an overloaded system. There are some systems available to all public sector agencies.

2.3   **HAM RADIOS**

These volunteers are used to enhance overloaded networks or as a back-up if primary systems fail.
Duties of the amateur (ham) radio operator:

- Amateur radio operators will stand by during large incidents.
- A standard method of notification must be pre-planned.
- The amateur radio operators will be utilized during MCI's if the incident inhibits the normal communication routes.
- Necessary antenna will be installed nearby the CF's central equipment.
- Receiving facilities will have antennas installed nearby communications equipment.

2.4   **REPAIR SERVICE**

- Numbers to reach repair service will be accessible to personnel.

- The following numbers will be posted near the equipment: (Be sure to include listing for evenings and weekends.)

    ·   Radio Repair Service
         Name:
         Phone No.:

    ·   Telephone Repair Service
         Name:
         Phone No.:

SECTION 3

FORMS & EXAMPLES

All counties will adopt forms specific to county need and structured to maintain records of MCI(s). Examples of completed forms will follow this listing.

3.1   MCI RECORD FORMS

*   **Receiving Facility Status Report Worksheet - MCM 407**

Completed by receiving facilities to tabulate capabilities.

Form to include:

-    Date, time
-    Number of teams available
-    Composition of response teams

See completed sample on following pages and Section 7 for a blank form.

*   **Control Facility Status Summary - MCM 408**

The Facility Status Officer tabulates the report from receiving facilities.

Forms to include:

-    Date and time report initiated
-    Location of MCI, type of MCI
-    Triage count
-    Time Status Report collected
-    Identification of primary and secondary receiving facilities
-    Number of teams available at receiving facilities
-    Hospital Specialities (specialties to be used as guide for patient dispersal)
-    Listing of responding surgeons (Immediate Trauma Patient only)
-    Signature of Facility Status Officer

See completed sample following and Section 7 for a blank form.
*   **Control Facility Patient Dispersal - MCM 409**

Completed by the Patient Dispersal Officer used for field communications.

Scene Information Required:
-      MCI Alert:
  -      Date
  -      Party giving alert
  -      Time of alert
  -      Location
  -      Classification of MCI (if known)
-      Confirmation time
-      Additional field information (after initial assessment):
  -      Patient Transportation Group Supervisor's name
  -      Classification of MCI (if known)
  -      Incident name
  -      Total Number of Patients (including Refusal of Care and DOAs)
  -      Triage count of patients by category and total number
  -      Number and type of transporting vehicles available at scene (both air and ground)

Dispersal Tracking:
-      Remaining patients on scene by category
-      Current dispersal of patients by category to facilities
-      Information for receiving facilities

Other information
-      Signature of Patient Dispersal Officer
See completed sample following and Section 7 for a blank form.

3.2   **CRITIQUE FORM(s) & SAMPLE(s)**

*   **MCI Critique - Control Facility - MCM 410**

*   **MCI Critique - Receiving Facility - MCM 411**
Information required on forms:
-      Date and time of incident
-      Communication problems
-      Comments
-      Name and address to mail completed form
-      Patient follow-up information

-        Field and hospital triage criteria
See completed sample following and Section 7 for a blank form.

RECEIVING FACILITY
STATUS REPORT WORKSHEET

1. PLACE INITIALS, OR A CHECK MARK, FOR EACH PERSON/BED AVAILABLE FOR MEDICAL TREATMENT BEGINNING WITH "IMMEDIATE TEAM" COLUMNS. WORK LEFT TO RIGHT.

2. WHEN ALL POSITIONS FOR ANY TEAM ARE CHECKED, PLACE A CHECK MARK AT BOTTOM OF TEAM COLUMN BY "TOTAL PATIENT NUMBER."

3. TRANSFER CHECK MARKS TO "DELAYED TEAM" COLUMNS FROM INCOMPLETE, OR UNNEEDED, "IMMEDIATE TEAMS." TRANSFER CHECK MARKS TO "MINOR TEAM" COLUMNS FROM INCOMPLETE OR UNNEEDED, "DELAYED TEAMS."

4. SURGEONS NAMES MUST BE PROVIDED (for MCI Trauma). SURGEONS MUST BE IMMEDIATELY AVAILABLE TO REPORT TO THE RECEIVING FACILITY.

IMMEDIATE PATIENT TEAMS

TEAM # ___1___	TEAM # _____	TEAM # _____	**ED STATUS** TOTAL PATIENTS ED CAN TREAT NOW
ED PHYSICIAN ✓	ED PHYSICIAN ____	ED PHYSICIAN ____	TIME: 0608
*SURGEON	*SURGEON ____	*SURGEON ____	
NAME _Cutter_	NAME _____	NAME _____	DATE: _____
MICN/RN	MICN/RN	MICN/RN	
ICU/ED LVN ✓	ICU/ED LVN ____	ICU/ED LVN ____	
Resp Tech ✓	Resp Tech ____	Resp Tech ____	
1 Ed Bed ✓	1 Ed Bed ____	1 Ed Bed ____	
1 ✓	2 ____	3 ____	_1_ IMMEDIATE PATIENTS

DELAYED PATIENT TEAMS

TEAM # _____	TEAM # _____	TEAM # _____	
ED PHYSICIAN OR SURGEON ____	ED PHYSICIAN OR SURGEON ____	ED PHYSICIAN OR SURGEON ____	
NAME _____	NAME _____	NAME _____	
MICN/RN ____	MICN/RN ____	MICN/RN ____	
ICU/ED LVN ____	ICU/ED LVN ____	ICU/ED LVN ____	
2 Ed Bed ____	2 Ed Bed ____	2 Ed Bed ____	
2 ____	4 ____	6 ____	_____ DELAYED PATIENTS

MINOR PATIENT TEAMS

TEAM # ___1___	TEAM # _____	TEAM # _____	
MICN/RN ✓	MICN/RN ____	MICN/RN ____	
LVN ✓	LVN ____	LVN ____	
ASSISTANT ✓	ASSISTANT ____	ASSISTANT ____	
5 ✓	10 ____	15 ____	_5_ MINOR PATIENTS

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*NOT APPLICABLE IF CASUALTIES ARE MEDICAL PATIENTS, E.G., EXPOSED TO HAZARDOUS MATERIALS.

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CONTROL FACILITY
OUTPATIENT STATUS SUMMARY

DATE: *1-1-98*   LOCATION: *Pine & Elm Streets*

CLASS: TRAUMA ✓   MEDICAL _____   HAZMAT _____

PATIENTS: IMMEDIATE *3*   DELAYED *5*   MINOR *2*

RECEIVING FACILITY
ALERT TIME *0605*   DISPATCH
ALERT TIME *0608*   CONFERENCE
CALL TIME *0610*

FACILITY		TIME	IMMEDIATE		DELAYED	MINOR
			AIR	GROUND		
Faith	Ⓟ S	0610	1			5
Hope	Ⓟ S	"	1	2		
Valley	Ⓟ S	"	1	2		
Brown	P Ⓢ	"			2	
Green	P S	"			2	
	P S					
	P S					
Santa Paula Control	P S	0615	2	2	8	10
	P S					
	P S					
	P S					

Please Ask Facilties To Fax Evaluations Including Names Of Patients.

Completed By Facility Status Officer: _____ *OHara* _____

P - Primary Facility (within 30 minutes by ground transport)
S - Secondary Facility (greater than 30 minutes by ground transport)   DISPATCH CLEARED: _____
(TIME)

BU - Burn Unit
HM - HazMat Decontamination
CV - Cardiovascular Surgery

NS - Neurosurgery
NU - Neonatal Intensive Care
TC - Trauma Center

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CONTROL FACILITY
PATIENT DISPERSAL

"San Theresa CONTROL"
(COUNTY)

DATE _1-1-98_   MCI ALERT _Fire Dispatch_   TIME _0604_
(AGENCY)
LOCATION _Pine & Elm Streets_

CONFIRM TIME _0607_   PATIENT TRANSPORTATION   _Block_
GROUP SUPPERVISOR

CLASS: TRAUMA _✓_   MEDICAL _____   HAZMAT _____

#PT. _10_   INCIDENT NAME _Pine Transport_

IMMEDIATE _3_   _0_   _____   _____   _____

DELAYED _5 (2 Peds)_   _4_   _2_   _____   _____

MINOR _2_   _____   _____   _____   _____

REFUSED _0_   _____   _____   DECEASED _0_

TRANSPORT: GROUND _✗_ _2_ _____ _____   # of AIR _✗_ _0_

	NO. OF PT.	INJURY	DESTINATION	MODE/ UNIT	DEPART TIME	ETA	TIME NOTIFIED
I	i	Head		A **G**			
D			Hope	1	0613	10	
M							
I	1	Unk		A **G**			
D	1		Valley	2	0614	20	
M							
I	1	Unk		**A** G			
D			Memorial	AF	0625	8	
M							
I				A **G**			
D	2	Delay	Brown	13	0625	20	
M							

I = Immediate   D = Delayed   M = Minor   G = Ground   A = Air

COMPLETED BY PATIENT DISPERSAL OFFICER: _Peters_

TAPE #:_____   TIME SCENE CLEARED:_____

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SECTION 4

ACTIVATION

4.1   MULTIPLE CASUALTY INCIDENT (MCI) ALERT

A MCI alert to the Control Facility (CF) should occur as soon as there is information that an MCI may exist. If this occurs at the time of dispatch or while responding to the incident, the CF will be contacted and advised of an "MCI Alert". Information concerning the location, approximate number of victims (if known), and a description of the incident should be given. The CF can be contacted by the dispatch center or pre-hospital responders.

*   **Dispatch**
     Dispatch personnel can determine that the situation requires activation based upon:
     -       Request for multiple numbers of field personnel
     -       Mechanism of incident

     Dispatchers play an important role by identifying MCIs and the need to activate "MCI Status" due to numerous small incidents.

*   **Field/Pre-hospital Responders**
     Pre-hospital personnel can determine that the situation requires activation:
     -       Number of victims
     -       Mechanism of incident

     > Example of MCI Alert:
     >
     >   "(INSERT COUNTY NAME) Control this is Medic 21 enroute to a
     >   possible MCI Trauma at Pine and Elm Streets. We have an
     >   ETA of 4 minutes."

*   **Control Facility**
     The Control Facility can determine the county status requires activation
     -       Multiple hospitals on diversion - this within the home operational area
             (county) only.
     -       Operational area (county) will operate on MCI Status

     The CF will notify local authorities per county protocol
     -       Emergency Medical Services
     -       Health Officer
     -       Office of Emergency Services

*   **Receiving Facilities**
Receiving multiple patients from several incidents to small to be considered MCIs

*   **Local Government**
Local government agencies may have information requiring activation
- Emergency Medical Services Agency
- Health Officer/Department
- Office of Emergency Services
- Police/Sheriff Department
- Fire Department
- Area HAZMAT Team
- Area Rescue Teams

4.2   CONTROL FACILITY (CF) RESPONSE

The following actions are taken by CF personnel following a notice of an MCI Alert:
Assignment of Personnel at the CF:
- Assign Patient Dispersal Officer - One (1) M.I.C.N./R.N.
- Assign Facility Status Officer - One (1) clerical staff
- Personnel will be known as (INSERT COUNTY NAME) Control

Personnel assigned to MCI roles are not included in staffing when calculating Emergency Department response teams.

Use of the Operational Area/Regional Map:
- Have regional map and county maps available for Patient Dispersal Officer.
- A template calculated for thirty (30) minutes ground time will allow plotting primary and secondary receiving facilities.
- Using the template on the map:
    Locate the scene
    Identify the primary and secondary receiving facilities
- Maps will have medical specialties pre-marked.
- Document location of receiving facilities on CF Status Summary.

4.3   RECEIVING FACILITY ALERT

The Control Facility will alert the receiving facilities of the potential for an MCI.

- Initial receiving facility alert is done by the Facility Status Officer
- The alert is done on a designated system with initial information
    Roll call to document reception by all agencies
    Information concerning incident

Notice to compile a status report for collection in five minutes

The purpose of the five minute interval until the collection of the status report

- Allows receiving facilities to organize realistic response teams
- Allows receiving facilities to activate Emergency Plan (when necessary)

4.4   **RECEIVING FACILITIES**

Personnel assignment at receiving facilities

- Receiving Facility Operator (RFO) - One (1) clerical staff

4.5   **CONFIRMATION OR CANCELLATION**
   *** **THE NOTICE OF CONFIRMATION SHOULD OCCUR UPON ARRIVAL AT SCENE.**

*   **Pre-Hospital Responders**

- Field personnel will contact CF by radio or telephone.
- Once verified, the first arriving medic will immediately confirm or cancel the alert. It is unnecessary to give patient count or triage numbers at this time.

Example of Confirmation:

"(INSERT COUNTY NAME) Control this is Medic 21, we are confirming the MCI Trauma at Pine and Elm Streets. We shall notify you with numbers as soon as possible. Pine Transportation will re-contact you."

SECTION 5
OPERATIONS

5.1   **CF/FIELD COMMUNICATIONS** (Pre-dispersal)

To disperse patients, the Patient Dispersal Officer needs to establish communications with field on a dedicated system and remain open during entire incident. The information required is:
-    Scene Information:
        Location of incident
        Type of incident - Trauma, Medical, HAZMAT
-    Patient Information:
        Number of patients
        Triage categories and numbers
        Adults versus Pediatrics
        Brief description of immediates when known (head, chest)
-    Transportation Information:
        Number of transport vehicles and type (air or ground)
        Patient capacity of each vehicle
-    Receiving Facility information tabulated on Status Summary:
        Emergency Department capability (number of available teams)
        Identify primary receiving facilities (<30 minutes by ground)
        Identify secondary receiving facilities (>30 minutes)
        Identify receiving facilities with heliports

Examples of follow-up notification:

"(INSERT COUNTY NAME) Control This is Pine Transportation. We have 10 patients. Three are immediates, five delayed, and two minors. One immediate is a head injury, the other two immediate injuries are unknown at this time. Two delayed are Peds"

NOTE: CF(s) and receiving facilities must all be aware of circumstances. Any change in the situation requires that all be notified of the change(s).

5.2   **CF/RECEIVING FACILITY COMMUNICATIONS** (Pre-dispersal)
-    Establish continuing communications with receiving facilities on established system (five minutes after receiving facility alert). This is not done until confirmation of the incident.
-    Communications to remain open during entire incident.

- Information relayed by the CF will include:
  Date and time (recording purposes)
  Roll call
  Information concerning incident if available
- Facility Status Officer will then collect Receiving Facility Status Report.
- The Emergency Operations Center (EOC), Office of Emergency Services (OES) and/or Emergency Medical Services (EMS) will be included in the communications system between the CF and the receiving facilities.
- Collection of information documented on Status Summary will be given to the Patient Dispersal Officer.
- Receiving facilities will be notified of impending patients by the Facility Status Officer.
- The Facility Status Officer will impart following information:
  Triage category and number of patients
  Transporting unit
  ETA
  Broad category of injury (if available)
- Once receiving facilities are notified of impending patients, receiving facility will change status immediately. Do not wait until patient arrives.
- Facility Status Officer will update the Status Summary as needed.
- Advance notice will be given to receiving facilities prior to collecting updates (three to five minutes).
- During small limited MCI(s), hospitals not receiving patients may disconnect from system.
- It is not usually necessary to activate Emergency Preparedness Plan on small incidents.

5.3 **CF/FIELD** (Dispersal)

- The Patient Dispersal Officer will direct patient dispersal through the Patient Transportation Group Supervisor or designee.
- The Patient Dispersal Officer will direct patient dispersal by coordinating the following information:
  Patient acuity (Immediate, Delayed, Minor)
  Receiving Facilities' Capability
  Number and mode of transportation (ground, air)
  The Patient Dispersal Officer will decide the number of patients in vehicles (confer with Patient Transportation Group Supervisor)

**NOTE: Unless it is the only option, two immediate patients should not be transported in the same ambulance. Instead, an immediate may be transported with a delayed patient to better assure that pre-hospital staff can adequately care for patients during

transport.

> Examples of Dispersement:
>
> "Send one (1) immediate head and one (1) delayed patient to Hope Hospital by ground unit."
>
> "Send one (1) immediate, unknown injuries, and one (1) delayed by ground to Valley Hospital."

- The Patient Transportation Group Supervisor or designee will then relay to the Patient Dispersal Officer:
     Transporting Unit
     Estimated Time of Arrival (ETA)
     Broad category of injury for immediate patients only, if available (Head, Rigid Abdomen, Fractured Femur, etc.)

> Example of Communications:
>
> "Unit (1) will depart at 0800 to Hope Hospital with an immediate head and delayed patient; ETA 10 minutes."
>
> "Unit (2) will depart at 0800 to Valley Hospital with an immediate patient, unknown injuries, and a delayed patient, ETA 20 minutes."

Patient Dispersal Guidelines

- Patients will be dispersed individually or in groups.
- The controlling factors will be Emergency Department capability and transporting capability.

All patients will receive the highest Standard of Care possible regardless of the size of the incident.

Expected goals are:
- Immediate patients to Immediate Teams within thirty (30) minutes.
- Delayed patients to receiving facilities within one (1) hour, two (2) hours maximum.
- Minor patients treated as appropriate.

Should the patient triage status be upgraded or downgraded during transport, notify the Control Facility.

- The CF may direct you to continue to the same facility
- The CF may re-direct you to a facility with Immediate Patient capabilities
- The CF may need to re-direct you elsewhere to free that Immediate Team for patients remaining in the field.

5.4 **EXTRAORDINARY CIRCUMSTANCES** - CF/CF
Should the potential exist for activating more than one adjoining county, contact the Regional Control Facility (RCF). Do not wait until resources are depleted. (See Section 6)

On occasion it will be necessary to notify an adjoining area.
- Reason for notification include:
    - Inability to disperse all patients
    - Location of the incident
- Notification will be done by the Facility Status Officer.
- Information imparted:
    - Summary of the incident
    - Number and classification of treatment teams required
- Initial contact is notification only. Allow adjoining CF time to notify their receiving facilities and collect status reports.

- **DISCONNECT!!**   It is not necessary to remain on line with adjoining CF at this time.

- Re-contact in six to eight minutes. If using conference telephone call, add adjoining CF to conference call.
    - Collect total of each triage category only
    - It is not necessary to verify surgeons
- **When dispersing into another Operational Area, the receiving Operational Area makes the dispersal decision.**
- Explain to adjoining CF what you need.

```
Examples of communications between CF(s):

        Impacted Operational Area -  "Where can we send an
                                      immediate pediatric head injury
                                      by air?"
```

```
┌─────────────────────────────────────────────────────────────┐
│                                                             │
│     Receiving Operational Area - "You can send that immediate │
│                         head injury to Memorial             │
│                         Hospital."                          │
│                                                             │
└─────────────────────────────────────────────────────────────┘
```

- Facility Status Officer will notify adjoining CF of impending patients. Information to include:

    Triage category and number of patients
    Transporting unit
    ETA
    Broad category of injury if available

- Each area CF will keep their receiving facilities informed of the situation.

*   **Rural Areas**

Rural areas may find it impractical and not cost efficient to install conference telephone capabilities. Rural counties can tie in the conference capability of a larger adjoining county.

Impacted County	Tie in County
Amador County	San Joaquin County
Calaveras County	San Joaquin County
El Dorado County	
(Marshall Hospital)	Sacramento County
(Barton Hospital)	Reno (REMSA) Dispatch
Nevada County	
(Tahoe Forest Hospital)	Reno (REMSA) Dispatch
Tuolumne County	Stanislaus County
Yolo County	Sacramento County

The impacted Operational Area will continue to maintain dispersal coordination over the incident unless the Regional Control Facility is activated. The purpose of the tie in is to borrow or share the equipment only. Remember when more than two counties are needed, it is time to activate the Regional Control Facility. Do not wait until you have exhausted all your resources. Look at the potential and request activation. It is always easier to back down then to play catch up.

5.5   **POST-DISPERSAL**

*   **CF/Field**

- The Patient Dispersal Officer and the Patient Transportation Group Supervisor or designee will maintain communications until verification of scene clearance.

* CF/Receiving Facilities

- The Facility Status Officer and receiving facilities will maintain communications until all patients have been dispersed and appropriate information has been relayed to the receiving facility.

5.6 **ISSUES OF CONCERN**

The following information is necessary for operation during an MCI:

* **Pre-Hospital Providers**

- All pre-hospital providers will be notified of all MCI(s).
- ALS will operate under standing orders during the incident.
- ALS and BLS traffic not related to MCI will contact CF for destination.
- Notification:
    Unit needs destination for ALS patient
    Acuity - Code 2 or Code 3
    Class - Trauma , Medical, HAZMAT, Adult, Pediatric
    Closest Facility (this only identifies the approximate area of the calling unit)
- The CF will give destination only (may not be closest facility).

> Example of communication with CF and non MCI unit
>
> "(Insert County Name) Control - This is Medic 16 with Destination Request. We have a Code 3 Medical and our closest facility is Brown Medical Center."
>
> "Medic 16 you will have to take your patient to Green Hospital."

- The CF will not run a routine ALS contact. Medics are to operate under standing orders.
- Units will contact receiving facilities enroute by means other than dedicated MCI channels if available.

*   **Patient Tracking**

-        In order to facilitate patient tracking, receiving facilities will:
                 Record the triage tag number in patient's record.
                 Forward names of all patients received to central location.

Examples of local agencies/facilities able to coordinate patient tracking:

Emergency Operations Center (EOC)
Office of Emergency Services (OES)
Emergency Medical Services (EMS)
Control Facility (CF)

-        The information can be forwarded by:
                 Fax Machine
                 Telephone
                 Courier
                 Computer System
                 Radios - (UHF, VHF, Amateur Systems)
-        At conclusion of the incident, a final list will be sent to the above mentioned location.
-        A master list will be returned to all receiving facilities.

*   **Austere Care**

-        If the decision by the Supervising Physician at the CF is made to lower the expected Standard of Care, it will be done in a controlled manner.
-        Ways to lower the Standard of Care:
                 -        Immediate patient to delayed team
                 -        Two immediate patients to one immediate team
                 -        Immediate patient to receiving facilities with longer transport time

ACTION PLAN
MULTI CASUALTY INCIDENTS

DATE: _____   **TIME:** _____

POSITION	STAFF NAME	TIME IN	TIME OUT
PATIENT DISPERSAL			
FACILITY STATUS			

OBJECTIVES:

1.   Expedient transportation of victims to appropriately staffed destination

2.   Maintain a Standard of Care as outlined by County policy and procedure

3.   _____

4.   _____

GOALS: **ACTION:**

1. Alert to Control Facility   _____

2. Alert to Receiving Facilities   _____

3. Notice to Dispatch to Coordinate all Patient
   Transports during incident   _____
4. Status Report complied when medics
   prepared to transport   _____

5. Immediate patients disbursed quickly   _____

6. _____   _____

AGENCIES PARTICIPATING:

_____   _____

_____   _____

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MULTI CASUALTY INCIDENT REVIEW

DATE: _____   TIME: _____   CLASS: _____

LOCATION: _____

INCIDENT NAME: _____

■■

PATIENT DISPERSAL OFFICER: _____

FACILITY STATUS OFFICER: _____

PATIENT TRANSPORTATION SUPERVISOR: _____

****

VEST: ___ Y ___ N   ALERT: ___ Y ___ N   DISPATCH NOTICE: ___ Y ___ N

TIMES:

CF ALERT: _____   RF ALERT: _____   CF CONFIRMATION: _____

STATUS COLLECTION: _____   DISPERSAL INFO GIVEN: _____

PT READY FOR TRANSPORT: _____   SCENE CLEAR: _____

****

OBSERVATIONS: _____

_____

_____

_____

_____

_____

_____

ORIGINAL COPIES TO: MCI FILES
　　　　　　　　　　　PATIENT DISPERSAL OFFICER
　　　　　　　　　　　FACILITY STATUS OFFICER
　　　　　　　　　　　PATIENT TRANSPORTATION SUPERVISOR
　　　　　　　　　　　EMS AGENCY

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Follow-up from hospitals (enter name):

(_____): _____

_____

_____

(_____): _____

_____

_____

(_____): _____

_____

_____

(_____): _____

_____

_____

(_____): _____

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CONTROL FACILITY
OUTPATIENT STATUS SUMMARY

DATE: _____ LOCATION: _____

CLASS: TRAUMA _____   MEDICAL _____   HAZMAT _____

PATIENTS: IMMEDIATE _____   DELAYED _____   MINOR _____

RECEIVING FACILITY   DISPATCH   CONFERENCE
ALERT TIME_____   ALERT TIME _____   CALL TIME _____

FACILITY		TIME	IMMEDIATE AIR	GROUND	DELAYED	MINOR
	P S					
	P S					
	P S					
	P S					
	P S					
	P S					
	P S					
	P S					
	P S					

Please Ask Facilities To Fax Evaluations Including Names Of Patients.

Completed By Facility Status Officer: _____

P - Primary Facility (within 30 minutes by ground transport)
S - Secondary Facility (greater than 30 minutes by ground transport)   DISPATCH CLEARED: _____
                                                                                        (TIME)

BU - Burn Unit   NS - Neurosurgery
HM - HazMat Decontamination   NU - Neonatal Intensive Care
CV - Cardiovascular Surgery   TC - Trauma Center
                    MCM 408 (1/98)   Page ___ of

CONTROL FACILITY
PATIENT DISPERSAL

"_____ CONTROL"
(COUNTY)

DATE _____   MCI ALERT _____   TIME _____
(AGENCY)

LOCATION_____

CONFIRM TIME _____   PATIENT TRANSPORTATION
GROUP SUPPERVISOR _____

CLASS: TRAUMA _____   MEDICAL _____   HAZMAT _____

#PT. _____   INCIDENT NAME _____

IMMEDIATE   _____ _____ _____ _____ _____ _____ _____

DELAYED   _____ _____ _____ _____ _____ _____ _____

MINOR   _____ _____ _____ _____ _____ _____ _____

REFUSED   _____ _____ _____   DECEASED   _____

TRANSPORT: GROUND____ _____ _____ _____ _____   # of AIR _____ _____
of

	# OF PT.	INJURIES	DESTINATION	MODE/UNIT		DEPART TIME	ETA	TIME NOTIFIED
I				A	G			
D								
M								
I				A	G			
D								
M								
I				A	G			
D								
M								
I				A	G			
D								
M								

I = Immediate   D = Delayed   M = Minor   G = Ground   A = Air

COMPLETED BY PATIENT DISPERSAL OFFICER: _____

TAPE #:_____   TIME SCENE CLEARED:_____
MCM 409 (2/98)   **Page 1 of 1**

MCI CRITIQUE - CONTROL FACILITY

DATE: _____ DRILL: [ ] ACTUAL: [ ] PATIENT DISPERSAL OFFICER:

ALERT: YES [ ] NO [ ] TIME: _____ BY WHOM: _____
_____

INCIDENT NAME: _____ LOCATION:

FACILITY STATUS OFFICER: _____ TIMES (RECV. HOSP. ALERT): _____ (CONFERENCE CALL): _____
_____

INCIDENT NEEDS REVIEW: YES [ ] NO [ ] HOSPITAL ACTIVATED: YES [ ] NO [ ] SUPERVISOR NOTIFIED: _____
_____

COMMENTS/SUGGESTIONS: _____

IF YOU RECEIVED PATIENTS, PLEASE COMPLETE THE FOLLOWING SECTION:

FIELD TRIAGE	CRITERIA*	TRANSPORT UNIT	AGE/SEX	HOSPITAL TRIAGE	CRITERIA**	ADMIT	WHERE	DIAGNOSIS
I D M				I D M		Y N		DX:
I D M				I D M		Y N		DX:
I D M				I D M		Y N		DX:
I D M				I D M		Y N		DX:
I D M				I D M		Y N		DX:

* CRITERIA - FIELD TRIAGE		** CRITERIA - HOSPITAL TRIAGE	
IMMEDIATE	- CODE 3 TRANSPORT - MAJOR TRAUMA CRITERIA	IMMEDIATE	- ADMISSION TO SPECIALTY UNIT/EMERGENCY SURGERY
DELAYED	- NON AMBULATORY - CANNOT GO TO WAITING ROOM	DELAYED	- ADMIT MED-SURG - NON-AMBULATORY ON ARRIVAL
MINOR	- AMBULATORY AND CAN GO TO WAITING ROOM IF NECESSARY	MINOR	- AMBULATORY

COMPLETED BY: _____

CONTROL FACILITY
INPATIENT BED SUMMARY

Date: _____ Incident Name: _____   Receiving Facility Alert Time: _____ Conference Call Time: _____

Location: _____   City/town: _____   IC Agency:

HOSPITAL	CRITICAL CARE	MED SURG	OB GYN	PED	EXTERNAL CARE	BURN	PSY	TELEME TRY	NICU	NEURO
TOTALS										

COMPLETED BY FACILITY STATUS OFFICER: _____

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HOSPITAL SUMMARY REPORT BY OPERATIONAL AREA

Hospital Name/City	Radiation Decon Center	Burn Trauma Unit	Emergency Landing Site	Cardio-vascular Surgery	Heli-port	Hyperbaric Chamber	HazMat Decon	Neuro Surgery	Neonatal Intensive Care	Pediatric Intensive Care		
_____		–	–	–	–	–	–	–	–	–	–	–	–
_____		–	–	–	–	–	–	–	–	–	–	–	–
_____		–	–	–	–	–	–	–	–	–	–	–	–
_____		–	–	–	–	–	–	–	–	–	–	–	–
_____		–	–	–	–	–	–	–	–	–	–	–	–
_____		–	–	–	–	–	–	–	–	–	–	–	–
_____		–	–	–	–	–	–	–	–	–	–	–	–
_____		–	–	–	–	–	–	–	–	–	–	–	–
_____		–	–	–	–	–	–	–	–	–	–	–	–
_____		–	–	–	–	–	–	–	–	–	–	–	–
_____		–	–	–	–	–	–	–	–	–	–	–	–

MCM 414 (1/98)

RECEIVING FACILITIES FORMS PACKET

FORMS INCLUDED:

MCM 407   **- RECEIVING FACILITY STATUS REPORT WORKSHEET**

MCM 411   **- RECEIVING FACILITY CRITIQUE REPORT**

MCM 415   **- PATIENT EVALUATION CHECKSHEET**

RECEIVING FACILITY

STATUS REPORT WORKSHEET

1. PLACE INITIALS, OR A CHECK MARK, FOR EACH PERSON/BED AVAILABLE FOR MEDICAL TREATMENT BEGINNING WITH "IMMEDIATE TEAM" COLUMNS. WORK LEFT TO RIGHT.

2. WHEN ALL POSITIONS FOR ANY TEAM ARE CHECKED, PLACE A CHECK MARK AT BOTTOM OF TEAM COLUMN BY "TOTAL PATIENT NUMBER."

3. TRANSFER CHECK MARKS TO "DELAYED TEAM" COLUMNS FROM INCOMPLETE, OR UNNEEDED, "IMMEDIATE TEAMS." TRANSFER CHECK MARKS TO "MINOR TEAM" COLUMNS FROM INCOMPLETE OR UNNEEDED, "DELAYED TEAMS."

4. SURGEONS NAMES MUST BE PROVIDED (for MCI Trauma). SURGEONS MUST BE IMMEDIATELY AVAILABLE TO REPORT TO THE RECEIVING FACILITY.

IMMEDIATE PATIENT TEAMS			ED STATUS
TEAM # _____	TEAM # _____	TEAM # _____	TOTAL PATIENTS ED CAN TREAT NOW
ED PHYSICIAN _____ *SURGEON _____ NAME _____ MICN/RN _____ ICU/ED LVN _____ Resp Tech _____ 1 Ed Bed _____ 1 _____	ED PHYSICIAN _____ *SURGEON _____ NAME _____ MICN/RN _____ ICU/ED LVN _____ Resp Tech _____ 1 Ed Bed _____ 2 _____	ED PHYSICIAN _____ *SURGEON _____ NAME _____ MICN/RN _____ ICU/ED LVN _____ Resp Tech _____ 1 Ed Bed _____ 3 _____	TIME: _____ DATE: _____ _____ IMMEDIATE PATIENTS
DELAYED PATIENT TEAMS			
TEAM # _____ ED PHYSICIAN OR SURGEON _____ NAME _____ MICN/RN _____ ICU/ED LVN _____ 2 Ed Bed _____ 2 _____	TEAM # _____ ED PHYSICIAN OR SURGEON _____ NAME _____ MICN/RN _____ ICU/ED LVN _____ 2 Ed Bed _____ 4 _____	TEAM # _____ ED PHYSICIAN OR SURGEON _____ NAME _____ _____ MICN/RN _____ ICU/ED LVN _____ 2 Ed Bed _____ 6 _____	_____ DELAYED PATIENTS
MINOR PATIENT TEAMS			
TEAM # _____ MICN/RN _____ LVN _____ ASSISTANT _____ 5 _____	TEAM # _____ MICN/RN _____ LVN _____ ASSISTANT _____ 10 _____	TEAM # _____ MICN/RN _____ LVN _____ ASSISTANT _____ 15 _____	_____ MINOR PATIENTS

*NOT APPLICABLE IF CASUALTIES ARE MEDICAL PATIENTS, E.G., EXPOSED TO HAZARDOUS MATERIALS.

MCI CRITIQUE - RECEIVING FACILITY

Date: _____   Time: _____   HOSPITAL:

GIVEN TIME TO PREPARE A STATUS REPORT: Yes [ ] No [ ]   GIVEN ENOUGH INFORMATION: Yes [ ] No [ ]

HEARD ALERT: Yes [ ] No [ ]   DID YOU ACTIVATE ANY PORTION OF INTERNAL DISASTER PLAN? Yes [ ] No [ ]

COMMENTS/SUGGESTIONS:

IF YOU RECEIVED PATIENTS, PLEASE COMPLETE THE FOLLOWING SECTION:

FIELD TRIAGE	CRITERIA* (See below)	TRANSPORT UNIT	AGE/SEX	HOSPITAL TRIAGE	CRITERIA** (See below)	ADMIT	WHERE	
I D M				I D M		Y N		DX:
I D M				I D M		Y N		DX:
I D M				I D M		Y N		DX:
I D M				I D M		Y N		DX:
I D M				I D M		Y N		DX:

* CRITERIA - FIELD TRIAGE		** CRITERIA - HOSPITAL TRIAGE	
IMMEDIATE	- CODE 3 TRANSPORT - MAJOR TRAUMA CRITERIA	IMMEDIATE	- ADMISSION TO SPECIALTY UNIT/EMERGENCY SURGERY
DELAYED	- NON AMBULATORY - CANNOT GO TO WAITING ROOM	DELAYED	- ADMIT MED-SURG - NON-AMBULATORY ON ARRIVAL
MINOR	- AMBULATORY AND CAN GO TO WAITING ROOM IF NECESSARY	MINOR	- AMBULATORY

Return to address on reverse or FAX to #_____   COMPLETED BY: _____

MCM 411 (1/98)

PATIENT EVACUATION CHECKSHEET
FOR USE DURING PLANNED EVACUATION

Date: _____   Department: _____

Evacuation Information - To be completed prior to patient movement from the department

Number of Personnel: _____   To move patient from unit to Staging/Relocation Area

Hospital Bed	( )	IV Pumps	( )	Portable Incubator	( )
Stretcher/Gurney	( )	Oxygen	( )	Ortho Traction	( )
Wheelchair	( )	Ventilator	( )	Cardiac Monitor	( )
Ambulatory	( )				
Isolation	( )	Type: _____		Reason: _____	

Completed By: _____
****
Patient Information - To be completed at time of evacuation/relocation

Room/Bed Number: _____   Attending Physician: _____

Patient Identification Band Confirmed   Yes ( )   No ( )   By: _____

Medical Record - Sent w/Patient   Yes   ( )   No   ( )   Check if Copy Sent   ( )

Patient Belongings -   Sent w/Pt   ( )   Left in Room   ( )   None Listed   ( )

Patients Valuables -   Sent w/Pt   ( )   Left in Safe   ( )   No Valuables   ( )

Patient Meds -   Sent w/Pt   ( )   Left on Unit   ( )   To Pharmacy   ( )

Completed By: _____   Date: _____   Time : _____
****
Receiving Area Information - To be completed by staging/relocation area

Time Admitted to Staging Area: _____   By: _____

Destination: _____   Departure Time: _____

Transportation   Ambulance ( )   Other: _____

Transportation Unit Leader: _____

Original - To accompany Patient
Copy - To Remain at Evacuated Facility

MCM 415 (1/98)

REGIONAL CONTROL FACILITY FORMS PACKET

FORMS INCLUDED:

MCM 408A   **- COTROL FACILITY OUTPATIENT STATUS SUMMARY**

MCM 413A   **- COTROL FACILITY INPATIENT BED SUMMARY**

REGION IV CONTROL FACILITY
OUTPATIENT STATUS SUMMARY

DATE: _____ LOCATION: _____

CLASS: TRAUMA _____   MEDICAL _____   HAZMAT _____

PATIENTS: IMMEDIATE _____   DELAYED _____   MINOR _____

RECEIVING FACILITY   ALERT TIME _____   CONFERENCE CALL TIME _____

FACILITY	TIME	IMMEDIATE		DELAYED	MINOR
		AIR	GROUND		
Mountain Co.- North Sutter Roseville					
Mountain Co.- South Tuolumne General					
Sacramento County U.C. Davis					
San Joaquin County S.J. General					
Stanislaus County Memorial Medical Center					
Valley Counties Woodland Memorial					

Please Ask Facilties To Fax Evaluations Including Names Of Patients.

Completed By Facility Status Officer: _____

BU- Burn Unit   NS - Neurosurgery
HM - HazMat Decontamination   NU - Neonatal Intensive Care
CV - Cardiovascular Surgery   TC - Trauma Center

MCM 408A (1/98)   Page ___ of ___

CONTROL FACILITY
INPATIENT BED SUMMARY

Date: _____ Incident Name: _____ Receiving Facility Alert Time: _____ Conference Call Time: _____

Location: _____ City/town: _____ IC Agency: _____

HOSPITAL	CRITICAL CARE	MED SURG	OB GYN	PED	EXTERNAL CARE	BURN	PSY	TELEME TRY	NICU	NEURO
Mountain Co.- North Sutter Roseville										
Mountain Co.- South Tuolumne General										
Sacramento County U.C. Davis										
San Joaquin County S.J. General										
Stanislaus County Memorial Medical Center										
Valley Counties Woodland Memorial Hosp.										
TOTALS										

COMPLETED BY FACILITY STATUS OFFICER: _____

MCM 413A (1/98)   **Page ___ of**

POSITION
DESCRIPTION
PACKET

POSITIONS INCLUDED:

MCM 430 CONTROL FACILITY SUPERVISOR
MCM 431 PATIENT DISPERSAL OFFICER
MCM 432 FACILITY STATUS OFFICER
MCM 433 RECEIVING FACILITY OFFICER
MCM 434 OPERATIONAL AREA CONTROL FACILITY
MCM 435 REGIONAL CONTROL FACILITY
MCM 436 REGIONAL CONTROL FACILITY SUPERVISOR

POSITION DESCRIPTION

CONTROL FACILITY SUPERVISOR

Qualification: R.N., M.I.C.N. or other qualified individual

Coordinate with: Operational Area Disaster Medical Health Coordinator

Function: Direct activities of Control Facility (CF) and the staff

Duties: 1.   Liaison with administration.

        2.   Liaison with receiving facilities.

        3.   Training of Emergency Department staff.

        4.   Direct activities of Control Facility (CF) staff during an incident.

        5.   Function as MICN for additional Advanced Life Support traffic during incidents.

        6.   Maintains summaries, forms, and related correspondence for all incidents.

        7.   Attend critiques.

        8.   Schedules and run drills with Control Facility (CF) staff.

POSITION DESCRIPTION

PATIENT DISPERSAL OFFICER

Qualifications: R.N., M.I.C.N.

Supervised by: Control Facility Supervisor (CFS)

Function: Maintain communications between Control Facility (CF) and the field

Duties: 1.   Assume coordination between pre-hospital personnel and receiving facilities.

        2.   Communicate with Transportation Officer or designee.

        3.   Provide patient destination instructions to field personnel.

        4.   Coordinate with Facility Status Officer.

        5.   Perform M.I.C.N. duties when appropriate.

        6.   Provide patient destination for patients not involved in incident.

        7.   Complete documentation of the incident.

        8.   Complete evaluation of incident.

POSITION DESCRIPTION

FACILITY STATUS OFFICER

Qualifications: Clerical personnel familiar with Emergency Department terminology

Supervised by: Control Facility Supervisor (CFS)

Function: Maintain communications between Control Facility (CF) and Receiving Facilities

Duties: 1.   Knowledge and understanding of Control Facility equipment.

             2.   Collection of Status Reports from receiving hospitals.

             3.   Verify surgeon availability for immediate trauma patients.

             4.   Relay patient destination information to receiving hospitals.

             5.   Coordinate with Patient Dispersal Officer.

             6.   Complete documentation of the incident.

             7.   Complete evaluation.

POSITION DESCRIPTION

RECEIVING FACILITY OFFICER

Qualifications: Clerical personnel familiar with Emergency Department terminology

Supervised by: Receiving Facility Supervising Nurse

Function: Maintain communication with the Control Facility (CF)

Duties: 1. Relay Status Report to Control Facility (CF)

2. Keep Emergency Department informed on dispersed patient status

3. Complete documentation as appropriate

4. Complete and forward evaluation after patient information is obtained

CONTROL FACILITY

Qualification: Selected by the Operational Area Coordinator

Coordinated With: Operational Area Disaster Medical Health Coordinator

Function: Collect Status of designated hospitals or CCPs and coordinate patient dispersal to them.

Duties: 1.   Activate upon notification from local provider dispatch agency or receiving facility. Advise Regional Control Facility if expansion possible into Region.

            2.   Establish communication with incident area.

            3.   Establish communications with receiving facilities.

            4.   Collect the status of receiving hospitals/CCPs within designated area.

            5.   Relay <u>destination</u> information (not status summary) to dispersal area.

            6.   Inform receiving area of expected patient (s) arrival.

            7.   Provide destination for all Advanced Life Support patients not involved in incident during the time of MCI status operations.

            8.   Activate adjoining Control Facility if needed.

            9.   Keep Operational Area Disaster Medical Health Coordinator informed on progress of patient dispersal.

           10.   Direct all receiving facilities to FAX names of patients to

Operational Area Disaster Medical Health Coordinator.

11. When the Control Facility is activated, by an impacted Control Facility, notify the Regional Control Facility.
REGIONAL CONTROL FACILITY

Qualification: Selected by the Operational Area Disaster Medical Health Coordinators within the region.

Coordinated With: Regional Disaster Medical Health Coordinator

Function: Collect Status of designated hospitals or CCPs and coordinate patient dispersal to them.

Duties:

1. Activate upon notification from the impacted Control Facility, Regional Coordinator or State Disaster Medical Director.

2. Establish communication with dispersal area.

3. Establish communications with receiving facilities or Operational Area Control Facilities.

4. Ascertain the existence of pre-determined agreements for patient transfers within related facilities. The Operational Area Control facility will assist with destinations only when existing patient transfer agreements cannot be fulfilled.

5. Collect the status of receiving hospitals/CCPs within designated area.

6. Relay destination information (not status summary) to dispersal area.

7. Inform receiving area of expected patient (s) arrival.

8. Keep Operational Area and the Regional Disaster Medical Health Coordinator informed on progress of patient dispersal.

9. Direct all receiving facilities to FAX names of patients to Operational Area/Regional Disaster Medical Health Coordinator.

10. When the Control Facility is activated, by an impacted Control Facility, only for assistance between regions, notify the Regional Disaster Medical Health Coordinator and State EMSA Duty Officer of the activation.

POSITION DESCRIPTION

REGIONAL CONTROL FACILITY SUPERVISOR

Qualification: R.N., M.I.C.N. or other qualified individual

Coordinate With: Region IV Disaster Medical Health Coordinator

Function: **Direct activities of Control Facility (CF) and the staff**

Duties: 1. Liaison with administration.

2. Liaison with receiving facilities.

3. Training of Emergency Department staff.

4. Direct activities of Control Facility (CF) staff during an incident.

5. Function as MICN for additional Advanced Life Support traffic during incidents.

6. Maintains summaries, forms, and related correspondence for all incidents.

7. Attend critiques.

8. Schedules and run drills with Control Facility (CF) staff.

CONTROL FACILITY CHECKLISTS PACKET

FORMS INCLUDED:

MCM 440   CONTROL FACILITY GENERAL CHECKLIST
MCM 441   REGIONAL FACILITY ACTIVATION CHECKLIST
MCM 443   CONTROL FACILITY SUPERVISOR CHECKLIST
MCM 444   PATIENT DISPERSAL OFFICER CHECKLIST
MCM 445   FACILITY STATUS OFFICER CHECKLIST
MCM 446   RECEIVING FACILITY OFFICER CHECKLIST
MCM 447   REGIONAL CONTROL DISPERSAL OFFICER CHECKLIST
MCM 448   REGIONAL CONTROL FACILITY SUPERVISOR CHECKLIST

CHECKLIST
CONTROL FACILITY GENERAL

CHECK as Completed; **N/A** as Not Applicable

_____ Alert of possible MCI by Dispatch or Medics.

_____ Documentation of incident received.

_____ Assignment of staff.

_____ Identify primary and secondary facilities.

_____ Notification to all receiving facilities.

_____ Confirmation or cancellation of incident.

_____ Notification to all dispatch agencies.

_____ Notification to all pre-hospital providers.

_____ Consideration of activating internal plans.

_____ Initiate communications with receiving facilities.

_____ Collection of Status Report(s).

_____ Ongoing communications with field.

_____ Collection of triage information.

_____ Begin patient dispersal.

_____ Field request for helicopters.

_____ Additional facilities requested.

_____ Additional Status Reports requested.

_____ Patient dispersal completed.

_____ Scene cleared.

_____ All patients received at facilities.

_____ Forms completed.

_____ Evaluation done.

MCM 440 (2/98)   **Page 1 of 1**

CHECKLIST
REGIONAL ACTIVATION

ACTIVATION

1. ACTIVATION BY: _____ 2. TIME : _____

3. LOCATION OF INCIDENT: _____

4. INFORMATION CONCERNING INCIDENT: _____

_____

_____

5. NUMBERS: _____

NOTIFICATION

1. REGIONAL SUPERVISOR: _____ TIME: _____

REGION IV CONTROL

1. MICN: _____ TIME: _____

SAN JOAQUIN CONTROL

1. MICN/CLERK: _____ TIME: _____

ACTIVATE AREA CONTROL HOSPITALS

1. COMPLETE: [　] TIME: _____

OTHER NOTIFICATIONS

1. REGIONAL MEDICAL COORDINATOR

NAME: _____ TIME NOTIFIED: _____ TIME REPLY: _____

2. STATE EMSA DUTY OFFICER

NAME: _____ TIME NOTIFIED: _____ TIME REPLY: _____
_____

CHECKLIST

CONTROL FACILITY SUPERVISOR

Mission: Direct activities of Control Facility (CF) and the staff

Report to (Place):

———

Communications (Equip.):

———

Report to (Person):

———

Vest (Color):

———

———   Staff assigned as appropriate.

———   Administration notified.

———   Assist Patient Dispersal Officer.

———   Assist Facility Status Officer.

———   Maintain communications with Emergency Department.

———   Maintain communications with the Operational Area Disaster Medical
            Health Coordinator during an operational area activation.

———   Maintain communications with hospital administration.

———   Debrief staff at conclusion of incident.

———   Release Control Facility staff following termination of multi-casualty
            procedures.

———   Documentation of incident collected.

CHECK as Completed; **N/A** as Not Applicable

MCM 443 (1/98)   **Page 1 of 1**
                                 CHECKLIST

PATIENT DISPERSAL OFFICER

Mission: Maintain communications between Control Facility (CF) and the field

Report to (Place):

Communications (Equip.):

Report to (Person): _____

Vest (Color): _____

_____	Document alert.
_____	Document confirmation.
_____	Assume coordination of patient dispersal.
_____	Use identification terminology (INSERT COUNTY NAME) Control.
_____	Discussion of necessity to activate hospital Emergency Preparedness Plan.
_____	Match triage count with receiving facility capability.
_____	Disperse patients.
_____	Document unit transporting, departure time and ETA.
_____	Coordinate information with Facility Status Officer.
_____	Provide destinations for other ALS/BLS traffic.
_____	Verify scene clear.
_____	Coordinate dispersal for all ALS/BLS patients until area returns to normal.
_____	Complete documentation of incident.
_____	Complete appropriate sections of evaluation documenting information about patients arriving your facility.

CHECK as Completed; **N/A** as Not Applicable

CHECKLIST

FACILITY STATUS OFFICER

Mission: Maintain communications between Control Facility (CF) and Receiving Facilities

Duty Location: _____

Means of Communications: _____

Supervisor to report to: _____

Vest Color: _____

_____   Prepare correct forms to assist in MCI.

_____   Identify primary and secondary receiving facility.

_____   Notify receiving facilities of activation.

_____   Notify disaster response staff when necessary.

_____   Initiate mechanism for Emergency Preparedness Plan activation when appropriate.

_____   Notification of dispatch agencies after confirmation.

_____   Notification of pre-hospital providers after confirmation.

_____   Initiate conference call with all receiving facilities after confirmation.

_____   Collect Status Reports from all receiving facilities.

_____   Verify surgeon coverage for immediate trauma patients for own Operational Area only.

_____   Coordinate information with Patient Dispersal Officer.

_____   Notify receiving facilities of impending patients, unit transporting, departure time, and ETA.

_____   Request names of patients to be faxed in cases of wide dispersal.

_____   Remind receiving facilities to forward evaluations when information is complete.

_____   Disconnect receiving facilities as appropriate.
_____   Complete documentation of incident.

_____   Complete appropriate sections of evaluation.

MCM 445 (1-98)

CHECKLIST

RECEIVING FACILITY OFFICER

Mission: Maintain communications with the Control Facility (CF)

Duty Location: _____

Means of Communications: _____

Supervisor to report to: _____

Vest Color: _____

_____ Collect status report from supervising physician and nurse.

_____ Relay information to Control Facility as requested.

_____ Keep facility informed of the emergency situation.

_____ Change status report when notified patient dispersed to facility.

_____ Inform facility of impending patients, unit transporting, departure time, and ETA.

_____ Maintain contact with Control Facility until informed appropriate to disconnect.

_____ FAX names of patients received upon request.

_____ Complete documentation of incident.

_____ Complete appropriate sections of evaluation documenting information about patients arriving at your facility.

CHECK as Completed; **N/A** as Not Applicable

CHECKLIST

REGIONAL CONTROL DISPERSAL OFFICER

Mission: Direct dispersal of patients throughout Region IV and maintain communications with both the Incident Site and the Area Control Hospitals.

Duty Location: _____

Means of Communications: _____

Supervisor to report to: _____

Vest Color: _____

_____ Document Alert

_____ Use ID term "Region IV Control"

_____ Alert Area Control Hospitals

_____ Document confirmation

_____ Collect status totals from Area Control Hospitals

_____ Assume coordination of patient dispersal

_____ Receive destination from receiving Area Control Hospital

_____ Relay information to Incident Site

_____ Receive transporting information from Incident Site

_____ Relay transportation information to Area Control Hospital

_____ Continue until all patients are dispersed

_____ Update area status as needed

_____ Verify scene clearance

_____ Complete paper work

CHECK as Completed; **N/A** as Not Applicable

MCM 447 (2/98)   **Page 1 of 1**

CHECKLIST

REGIONAL CONTROL FACILITY SUPERVISOR

Mission: Direct activities of Regional Control Facility (RCF) and the staff

Duty Location: _____

Means of Communications: _____

Supervisor to report to: _____

Vest Color: _____

_____ Staff assigned as appropriate.

_____ Administration notified.

_____ Regional Medical Health Coordinator notified

_____ State EMSA Duty Officer notified

_____ Assist Patient Dispersal Officer.

_____ Assist Facility Status Officer.

_____ Maintain communications with Emergency Department.

_____ Maintain communications with the Regional Disaster Medical Health
          Coordinator during an operational area activation.

_____ Maintain communications with hospital administration.

_____ Debrief staff at conclusion of incident.

_____ Release Control Facility staff following termination of multi-casualty procedures.

_____ Documentation of incident collected.

CHECK as Completed; **N/A** as Not Applicable

MCM 448 (2/98) **Page 1 of 1**

OES REGION IV
REGIONAL CONTROL FACILITY

209 468-6321

ALTERNATE NUMBER
209 982-1975

FAX

209 468-7112

SECTION 6

REGIONAL CONTROL FACILITY

The Regional Control Facility (RCF) will operate under the same guidelines as an area CF.

The State of California is divided into six regions for purpose of mutual aid during emergency situations. Region IV consists of eleven counties:

- Alpine   - Amador   - Calaveras   - El Dorado   - Nevada   -Placer

- Sacramento   - San Joaquin   - Stanislaus   - Tuolumne   - Yolo

6.1   ACTIVATION

The Regional Control Facility is activated when the potential exists for more than two counties to receive patients.

The Regional Control Facility is activated for evacuation of a medical facility.

Activation Agencies
-       State
-       Regional Medical Health Coordinator
-       County/local government
-       Emergency Operations Center (EOC) of impacted Operational Area
-       Operational Area Medical Health Coordinator
-       Impacted (Potentially) Operational Area CF
-       Impacted facility
-       Incident site

The notifying agency will initially:
-       Notify the RCF
-       Summarize the event
-       Request what is needed

6.2   OPERATION

The RCF will do the following:
-       Document name/agency of calling party
-       Document a return call back number
-       Request the incident site to communicate directly with the Regional Control Facility

- Assume Coordination of patient dispersal.
- Activate all area CF(s)
- Request Status Reports be obtained
- Disperse patients allowing each Area CF to select destination for all patients within their designated area

The Regional Control Facility will communicate directly to the incident site by means of radio or telephone
- Facilitates faster dispersal
- Decreases communication errors

Regional Control will notify the appropriate area of the following information:
- Impending patients
- Destinations
- Injury, if known
- Estimated arrival time

The Area Control Facilities are a communication link for regional activation. They serve no other purpose.

6.3   MUTUAL AID

Requests for additional supplies, equipment, and personnel not available from a receiving facility's staffing should go through the Operational Area Disaster Medical Health Coordinator (OADMHC).

If patient dispersal outside of an Operational Area is needed, the impacted Operational Area will activate the RCF. A regional response involves activating all CF(s). If the day-to-day (border incidents) mutual aid system is overwhelmed then the RCF should be activated to assist.

Do not wait until you are overwhehmed   notify the RCF upon potential activation.

SECTION 7

ANCILLARY OPERATIONS

7.1   HOSPITAL OPERATIONS

- Depending on the size of the incident, hospitals will activate their Emergency Preparedness Plan.
- Call back of staff will be an individual hospital decision.
- Acute care facilities' Emergency Departments will prepare to accept immediate and delayed patients.
- <u>Status Reports</u> are based on an Emergency Department's ability to treat patients.
- In-house bed counts are not related to calculating Status Reports.
- Sould the evacuation of a medical facility be necessary, in-patient bed count is collected.

7.2   CARE OF MINOR INJURIES

Care of minor patients is incident driven
- Care will be dependent upon the number needing treatment.
- If an incident has numerous minor injury patients, a multi-person vehicle will be dispatched to the scene.
- Care of these patients will be dependent upon the nature of the MCI.
- Each Operational Area should have written plans for the activation and use of alternate facilities for treating Minor Patients.

Minor patients are able to wait in the waiting room.
- Minor Patients are ambulatory.
- Patients needing supervision are not Minor Patients

Examples of treatment areas located outside of the Emergency Department:
- First Aid Stations in acute care facilities
- Smaller hospitals without surgeon capability
- Area Clinics
- Casualty Collection Points
- Sub-acute Hospitals (Utilize only when acute care hospitals not transferring in-patients to create bed availability)

7.3   SUB-ACUTE FACILITIES

The primary duty of a sub-acute facility is to accept transfers from acute-care facilities. This

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will make beds available in the hospitals for injured patients.
When evacuating from a sub-acute facility, every effort should be made to send to similar facilities.

7.4   HOSPITAL EMERGENCY RESPONSE TEAMS (H.E.R.T.)

Hospital personnel will remain in the hospital to treat arriving patients, however, under rare circumstances (e.g., need for field amputation) H.E.R.T. units may be sent to the incident scene.

SECTION 8

ACRONYMS & GLOSSARY

8.1   ACRONYMS

The following Acronyms (abbreviations) are utilized in the text of this manual

ALS	Advanced Life Support
BLS	Basic Life Support
CFS	Control Facility Supervisor
CF	Control Facility
CISM	Critical Incident Stress Management
DOA	Dead on Arrival
ED	Emergency Department
EMS	Emergency Medical Services
EOC	Emergency Operation Center
EPP	Emergency Preparedness Plan
ETA	Estimated Time of Arrival
HEAR	Hospital Emergency Alert Radio
FSO	Facility Status Officer
HERT	Hospital Emergency Response Team
HEICS	Hospital Emergency Incident Command System
ICS	Incident Command System
LVN	Licensed Vocational Nurse
MCI	Multi-Casualty Incident
MGS	Medical Group Supervisor
MICN	Mobile Intensive Care Nurse
NDMS	National Disaster Medical System
OA	Operational Area
OADMHC	Operational Area Disaster Medical/Health Coordinator
OES	Office of Emergency Services
PDO	Patient Dispersal Officer
PTGS	Patient Transportation Group Supervisor
RACES	Radio Amateur Civil Emergency Services
RCF	Regional Control Facility
RDMHC	Regional Disaster Medical/Health Coordinator
RN	Registered Nurse
UHF	Ultra High Frequency
VHF	Very High Frequency

8.2   GLOSSARY

The following terminology is utilized in the text of this manual:

Austere Care - Condition that lowers expected patient Standard of Care

Control Facility Supervisor (CFS) - Staff person responsible for overseeing the on-going functions of the Control Facility.

Delayed Patient -   Patients whose medical care can be held one to two hours without detriment Patients without life-threatening injuries who cannot be sent to the waiting room will be triaged as delayed patients.

Control Facility (CF) - Entity with the responsibility for dispersal of patients during multi-casualty incidents.

Emergency Operation Center (EOC) - Entity with the overall responsibility for all MCI(s). Decisions to request Regional, State, and Federal assistance is made at the EOC. The Emergency Operation Center shall consist of representatives of the area Emergency Medical Services, Office of Emergency Services, Health Department, and the area Emergency Medical Director.

Emergency Preparedness Plan - Document required in all receiving facilities to manage extraordinary events.

Facility Status Officer (FSO) - Staff person responsible for collecting status reports from receiving facilities and notifying them of patients dispersed to them.

Hospital Emergency Incident Command System - Guidelines for implementing the Incident Command System in the hospital setting.

Immediate Patients with life threatening injuries that will most likely need prompt medical intervention.

Medical Group Supervisor (MGS) - Staff person from the field responsible for medical operations. May assign communication officer to contact CF.

Multi-Casualty Incidents (MCI) - Incident that involves more patients than initial responding pre-hospital units can render appropriate care.

National Disaster Medical System (NDMS) - The federal organization responsible to augment the Nation's emergency response capability.

Patient Dispersal Officer (PDO) - Staff person responsible for dispersing patients and communicating with the incident site.

Patient Transportation Group Supervisor - Pre-hospital person assigned to communicate with the CF(s) for the dispersal and transport of patients.

Primary Hospital located less than thirty (30) minutes by ground transport.

Receiving Facility Officer - Staff person responsible for communicating with CF.

Regional Control Facility (RCF) - Entity with the responsibility for coordination of dispersement of patients during large MCI(s).

Secondary Hospital located more than thirty (30) minutes by ground transport

Standard of Care - Level of treatment to be rendered to patients

Status Report - The team capability of receiving facility to accept patients as determined by physician and supervising nurse using set guidelines.

SECTION 9
POSITION DESCRIPTIONS, CHECKLISTS & FORMs

The following Position Descriptions, Checklists, and Forms are to implement Manual 2.

NOTE: Do <u>NOT</u> use the original form copies which follow. Make <u>copies</u> of the original forms for use in the field or facility.

FORM:

MCM 405   Action Plan
MCM 407   Receiving Facility Status Report Worksheet
MCM 408   Control Facility Status Summary
MCM 408A   Regional Control Facility Status Summary
MCM 409   Control Facility Patient Dispersal
MCM 409A   Regional Disaster Control Patient Dispersal
MCM 410   MCI Critique - Control Facility
MCM 411   MCI Critique - Receiving Facility
MCM 413   Control Facility Inpatient Bed Summary
MCM 413A   Regional Control Facility Inpatient Bed Summary
MCM 414   Hospital Summary Report by Operational Area
MCM 415   Evacuation Form

POSITION DESCRIPTION:

MCM 430   Control Facility Supervisor
MCM 431   Patient Dispersal Officer
MCM 432   Facility Status Officer
MCM 433   Receiving Facility Officer
MCM 434   Operational Area Control Facility
MCM 435   Regional Control Facility
MCM 436   Regional Control Facility Supervisor

CHECKLIST:

MCM 440   Control Facility General Checklist
MCM 441   Regional Activation Checklist
MCM 443   Control Facility Supervisor Checklist
MCM 444   Patient Dispersal Officer Checklist
MCM 445   Facility Status Officer Checklist
MCM 446   Receiving Facility Officer Checklist
MCM 447   Regional Control Officer Checklist

MCM 448   Regional Control Facility Supervisor Checklist

Manual 2, Enclosure A

MODEL CF DESIGNATION POLICY

REGIONAL CONTROL FACILITY
Policy and Procedures

POLICY

The Regional Control Facility will collect hospital status information and direct patient dispersal during times of Regional and/or State emergencies. The Regional Control Facility will be operational within twenty (20) minutes of request for activation.

PURPOSE

The Regional Control Facility assumes dispersal control to allow for controlled dispersal of patients during a declared disaster and to maintain the maximum standard of care.

AUTHORIZATION

The Regional Control Facility will operate under the authority listed in Title 22, Chapter 4, Section 100144 citing Scope of Practice for EMTs; the California Health and Safety Code Division 2.5, Section 1797.220 covering EMS policy regarding patient destination; and the California Health and Safety Code Division 2.5, Section 1798.102 stating "The base hospital shall supervise pre-hospital treatment, triage and transportation, Advanced Life Support or Limited Advanced Life Support, and monitor personnel program compliance by direct medical supervision.

DESIGNATION

Requests for Proposal will be issued by the Regional Emergency /Mutual Aid Committee. Any current County Control Facility fulfilling the requirements may apply for the role of Regional Control Facility. Requests for Proposal will be reviewed and submitted to the entire committee for approval. Each member county receives one (1) vote. The designation will remain effective for a period of four years.

REQUIREMENTS

Personnel:

The Regional Control Facility will appoint a Supervisor to oversee and review all activations of the system.

The Regional Disaster Control will have two trained persons to operate the system during times of activation.

A Patient Dispersal Officer is responsible for determining the area each patient is transported. This person operates under State authority cited above.

The Facility Status Officer will confer with member Control Facilities receiving status information and advising member DCFs of patients dispersed into their respective area.

All personnel able to activate the system will have knowledge of the state mutual aid system, the geography of the region and the physical properties of facilities within the region.

Equipment:

The Regional Control Facility will have equipment available which is capable of gathering instant information. The equipment must be available in both the control center and the receiving centers. Conference telephoning is the suggested means of communication. Computer systems and/or radio systems are alternative suggestions or back-up possibilities.

Activation:

The Regional Control Facility will activate upon request from a member county, another region or the State Emergency Medical Services Authority.

Member County Request: During times of county emergencies, should an impacted county need to disperse patients to more than one adjoining county, the Regional Control Facility will be notified to collect Regional Status and direct patient dispersal.

Region: Should another region become impacted due to an emergency situation, upon request the Regional Control Facility will activate to collect Regional Status and direct patient dispersal into its home region.

State: Should a State emergency occur, the Emergency Medical Services Authority will contact the Regional Control Facility to collect Regional Status and direct patient dispersal into its home region.

Notification:

Following request for activation, the Regional Control Facility will notify all member Control Facilities of the situation and request their assistance in gathering hospital status reports. Member area Control Facilities will be contacted again following a designated time interval.

Any hospital contacted individually by another hospital or any agency throughout the state will refer all inquiries for status to the Regional Control Facility.

Upon request for activation by a member county or impacted region, the Regional Control Facility will notify the Duty Officer of the State Emergency Medical Services Authority and the Regional Disaster Medical Health Coordinator.

The decision for austere care will be determined by the Physician supervising at the Regional Control Facility or the State.

Procedure:

Intra-Regional Activation:

1. Request from impacted county to Regional Control Facility   for assistance
2. The Patient Dispersal Officer will establish direct contact with the impacted area to insure accurate information and rapid dispersal of patients.
3. Activation of Regional Control Facility
4. Notification of remaining non-impacted counties of situation and request to collect Emergency Department status, using Form #408.
5. Notification of State EMSA and RDMHC of activation

6. Collection of Status from non-impacted counties. Area Control Facilities will submit totals only to the RDCF.
7. Regional Control will assign the number of patients to be transported to each area (county) according to collected status reports.
8. Area (County) Control Facilities will determine hospital destination and maintain medical control over their county/area.
9. Under most circumstances, the conference call between Regional Control and Area (County) Controls will remain connected throughout patient dispersal.

Inter-regional Activation:

1. Requests for inter-regional assistance may require collection of in-patient bed status, using From #447.
2. Area (County) Control Facilities may deem it prudent to establish Casualty Collection Points for reception and dispersal of patients.
3. Follow procedures listed above, under *Intra-Regional Activation*
4. Due to the time required to collect in-patient bed status, communications between Regional Control and Area (County) Controls may be intermittent.

Termination of Activation:
The Regional Control Facility will remain operational until the impacted county or region releases notification of completion of patient dispersal. Personnel will remain on call as determined by the State EMSA.

Welfare Inquiry:
Receiving hospitals will FAX names of patients to the office of the RDMHC unless other directed. The RDMHC will prepare a master list to forward to both the state and the impacted Region.

Critique:
Intra-regional critiques will be determined by the Regional Control Facility in conjunction with the impacted county within fifteen (15) days of the incident.
Inter-regional critiques will be set by State EMSA and the impacted region.

GLOSSARY

Area (County) Control Facility: Facility designated to collect status reports and disperse patients within assigned area.

Austere Care: Any standard of care that is less comprehensive than the established MCI Standard of Care.

Hospital Status Report: Number of patients that receiving hospitals are capable of treating as determined by preset guidelines.

Regional Control Facility: Facility designated with the responsibility for medical control and dispersal to an area (county) of patients, upon request from a county, another region or the State.

Regional Disaster Medical Health Coordinator: State appointee responsible for the collection of medical mutual aid resources upon request by the state or other region.

Standard of Care: Level of treatment rendered to patients.

ACRONYMS:

CF	Control Facility
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EMT	Emergency Medical Technician
RCF	Regional Control Facility
RDMHC	Regional Disaster Medical Health Coordinator

Manual 2, Enclosure B

MODEL CF AGREEMENT

MEMORANDUM OF UNDERSTANDING
(Between County and Control Facility)

This Memorandum of Understanding is made by the _____ of County, hereinafter "County" and _____Hospital, hereinafter "Hospital" in order to ensure coordination of patient dispersal and adequate medical control during multi-casualty incidents occuring within the boundaries of County. This Memorandum of Understanding is intended to delineate the responsibilties and duties of "Hospital" acting as a Control Facility for the County.

The parties agree as follows:

I. Control Facility

"Hospital" will serve as the Control Facility for "County" thereby providing medical control, hospital status report collection, and victim dispersement orders in the event of multi-casualty incidents.

II. Responsibilities of "Hospital"

"Hospital" as the County Control Facility will have the following responsibilities:

A. Meet all the requirements for, and remain designated as, a base hospital.

B. Perform all the duties and responsibilities of a Control Facility as defined in the Region IV Multi-Casualty Plan and "County" guidance on a continuing basis.

C. Designate a Staff Nurse as the Control Facility Supervisor with responsibility for in-house training, maintenance of written procedures, quality control, and conduct of drills and exercises. This assignment will be approved by the "County".

D. Maintain on duty at all times in the Emergency Department a Mobile Intensive Care Nurse trained and cleared for directing multi-casualty operations as a Control Facility Medical Control Officer in accordance with training, clearance, and refresher standards established by the "County" and the Region IV Multi-Casualty Plan.

E. Maintain on duty at all times in the Emergency Department a staff member trained and cleared for serving as a Control Facility Facility Status Officer in accordance with training, clearance, and refresher standards established by the "County" and the Region IV Multi-Casualty Plan.

F. Maintain in a servicable condition at all times radio equipment designated for medical control communications with paramedics in the County.

G. Maintain in a servicable condition at all times radio equipment designated for communications with hospitals located in County.

H. Maintain in a servicable condition at all times blast conferencing telephone equipment designated for communications with hospital emergency departments located in County.

I.   Maintain an amateur (HAM) radio antenna and hook-up at or near the location of the the other communications equipment in the emergency department.

J.   Maintain in a servicable condition at all times in the Emergency Department a facsimile machine for use by the Control Facility staff.

K.   Maintain an adequate supply of Region IV Multi-Casualty Plan forms and procedures as well as local maps and standard operating procedures for use by Control Facility staff in collecting hospital status reports and providing patient dispersal control in multi-casualty incidents.

L.   Conduct monthly reviews of multi-casualty incidents and provide feedback to Control Facility staff and field personnel.

III.   Responsibilities of the Office of Emergency Services

The "County" as the agency responsible for overseeing multi-casualty planning and implementation in coordination with other agencies will have the following responsibilities:

A.   Prepare and maintain a current memorandum of understanding or contract with "Hospital" to serve as the County Control Facility.

B.   Review and approve the designation by "Hospital" of a Control Facility Supervisor.

C.   Provide training, clearance and ongoing guidance to the Control Facility Supervisor to include scheduling and attendance at outside courses considered by "County" to be appropriate to that person's duties.

D.   Assist with training, clearance, and refresher training for Control Facility staff as necessary.

E.   Maintain on behalf of the County the Region IV Multi-Casualty Plan and provide timely updates and changes to Control Facility staff.

IV.   Costs

A.   The "County" will pay for the installation of the blast conferencing telephone system and the ongoing line charge.

B.   "Hospital" will pay salaries of staff designated to carry out the responsibilities of this MOU and maintenance of equipment used to perform the CF function.

V.   Duration of Agreement

This agreement will continue indefinitely unless either party notifies the other in writing of its desire to withdraw from the agreement at least 120 days in advance.

Dated:

_____   _____
                                            Hospital Administrator

2

Dated: _____

_____ County

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Manual 2, Enclosure C

MODEL CF APPLICATION

I. INTRODUCTION

In effort to designate a Disaster Control Facility (DCF) for the County of Stanislaus, Mountain-Valley EMS Agency is conducting a competitive process, as outlined in the EMS Authority guideline EMSA #141. The provisions of this document will apply in the majority of instances for the designation of a local DCF to develop system-wide coordination, predictable EMS response, and assist in maintaining a standard of care for victims during a multiple casualty incident within the county.

There is no reimbursement or assessments associated with the designation as a DCF. All DCFs must comply with the Disaster Control Facility Designation policy #521.00, found in the Mountain-Valley EMS Agency Prehospital Care Policy and Procedure Manual. Addition guidelines for DCF operations are provided in the OES Region IV Muti-Casualty Incident Plan.

All parties interesting in responding to this Request for Proposals (RFP) should:

- carefully read this entire packet
- complete and sign the RFP application
- attach any necessary or applicable documentation
- attend the Proposers Conference
- submit a fully executed proposal before the indicated deadline

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II FORMAL ADVERTISING: INVITATIONS

Formal advertising for the RFP shall include a copy of the current Disaster Control Facility Designation policy and a proposed timetable. This information should be provided to each local facility that would potentially qualify for this designation.

Submission of responses

All responses must be received by the Mountain-Valley EMS Agency in writing on or before February 13, 1998. Postmarks will **not** be considered. Written notification will be sent to any bidder, whose response has been received after the advertized deadline, indicating the reason for the rejection of the response.

Mountain-Valley

Emergency Medical Services Agency

Timetable for the

Stanislaus County
Disaster Control Facility
Competitive Bid Request for Proposals

Begin Advertisement . . . . January 2, 1998

Due Date for Letters of Intent . . . . January 16, 1998

Send Out RFP . . . . January 21, 1998

Accept Proposals . . . . January 21, 1998 - February 13, 1998

Proposer Conference . . . . January 29, 1998

Opening of Proposals . . . . February 17, 1998

Evaluation of Proposals . . . . February 17 - 18, 1998

Notice of Final Determination . . . . February 20, 1998

Due Date for Protests & Written Questions . . . . February 23, 1998

EMS Agency Response to Protests . . . . February 26, 1998

Award of Contract . . . . February 27, 1998

Revised 1/20/98

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III. RESPONDERS CONFERENCE

The purpose of the responders conference is to provide a forum for answering questions. The conference will be the only time that questions are answered regarding the RFP. This will ensure that all prospective responders receive the same information. Questions and answers need not be put in writing. If a written response to a question is required, all prospective responders will receive a copy of the question and the answer.

Mountain-Valley EMS Agency will conduct the responders conference at:

Mountain-Valley EMS Agency
1101 Standiford Avenue, Suite D1
Modesto, CA

January 29, 1998 - 10:00 a.m.

IV   PROPOSAL CONTENTS

Responders are required to submit an application and a statement of experience which shall include, but not be limited to the following information.

a.   Business name and legal business status (i.e., partnership, corporation, etc.) of the prospective contractor.

b.   Number of years the prospective contractor has been in business under the present business name, as well as related prior business names.

c.   Number of years of experience the prospective contractor has had in providing the required services.

d.   Evidence of at least one contract completed during the last five (5) years showing year, type of services, dollar amount of services provided, location, and contracting agency.

e.   Details of any failure or refusals to complete a contract.

f.   Whether the responder holds a controlling interest in any other organization, or is owned or controlled by any other organization.

g.   Financial interests in any other related business.

h.   Names of persons with whom the prospective contractor has been associated in business as partners or business associates in the last five (5) years.

i.   Explanation of any litigation involving the prospective contractor or any principal officers thereof, in connection with any contract for similar services.

j.   An explanation of experience in the service to be provided, or similar experience of principal individuals of the prospective contractor's present organization.

k.   A list of major equipment to be used for the direct provision of services.

l.   A list of commitments, and potential commitments which may impact assets, lines of credit, guarantor letters, or otherwise affect the responder's ability to perform the contract.

m.   Business or professional licenses or certificates required by the nature of the contract work to be performed and held by the responder.

n.   An agreement to provide Mountain-Valley EMS Agency with any other information deemed necessary for an accurate determination of the prospective contractor's qualifications to perform services.

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V. SUBMISSION OF PROPOSALS

1. The proposal process requires that:

   a. One fully executed proposal and <u>seven complete copies</u> be submitted so as to be received by Mountain-Valley EMS Agency not later than 5 p.m. February 13, 1998.

   b. Proposals, with required attachments, be signed, and submitted in the format specified by Mountain-Valley EMS Agency. The format will provide for the desired sequence of the proposal's content.

   c. Proposals will be filled out, executed, and submitted in accordance with the instructions which are contained in this document. **If the proposal is not submitted in the format specified, it may not be considered.**

2. Any proposal received by Mountain-Valley EMS Agency after the exact time specified for receipt, will not be considered unless it is received before the award is made and is determined that the late receipt was due solely to mishandling by Mountain-Valley EMS Agency after receipt at the agency.

3. Any modification or withdrawal of a proposal will be subject to the same conditions cited above. A proposal may also be withdrawn in person by a responder or an authorized representative, provided his/her identify is made known and he/she signs a receipt for the proposal, but only if the withdrawal is made prior to the exact time set for opening of proposals.

VI. RECEIPT AND EVALUATION OF PROPOSALS

1. Upon receipt, each proposal will be noted with a separately identifiable proposal number, and the date and time of receipt.

2. All proposals received prior to the time set for opening will be kept unopened and secured in a locked receptacle.

3. An agency official will decide when the time set for submission has arrived and will so declare to those present. All proposals received prior to the time set for opening will then be publicly opened and the following recorded and read aloud to the persons present:

   a. RFP number
   b. Submission date
   c. General description of service being procured
   d. Names of responders
   e. Location from which services are to be provided

1. If the number of proposals received is less than anticipated, Mountain-Valley EMS Agency will examine the reasons for the small number of proposals received. The purpose of this examination is to ascertain whether the small number of responses is attributable to an absence of any of the prerequisites of formal advertising.

2. Should administrative difficulties be encountered after proposal opening which may delay contract award beyond the stated deadline for contract award, the responders will be notified before that date and the acceptance period extended in order to avoid the need for readvertisement.

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VII. REJECTION OF PROPOSALS

1. Any proposal which fails to conform to the essential requirements of the RFP documents, such as specifications or the delivery schedule, will be rejected as nonresponsive. Proposals submitted which do not meet the requirements regarding responsibility will also be rejected.

   When rejecting a proposal, Mountain-Valley EMS Agency will notify each unsuccessful responder that the proposal has been rejected.

2. A proposal will not be rejected when it contains a minor irregularity, or when a defect or variation is immaterial or inconsequential.

   A minor irregularity means a defect or variation which is merely a matter of form and not of substance, such as:

   a. Failure of the responder to return the required number of copies of signed proposals.

   b. Apparent clerical errors.

3. Immaterial or inconsequential means that the defect or variation is insignificant as to price, quantity, quality, or delivery when contrasted with the total costs or scope of the services being procured.

4. Mountain-Valley EMS Agency will give the responder an opportunity to cure any deficiency resulting from a minor informality or irregularity in a proposal, or waive such deficiency, whichever is to the advantage of Mountain-Valley EMS Agency.

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VIII. AWARD OF CONTRACT

The contract(s) will be in accordance with the criteria previously delineated in this document, and comply with relevant local policies governing contracting.

When Mountain-Valley EMS Agency has completed their evaluation of proposals and has made a recommendation for award, all responders will be notified of this decision, as well as the date and time of any public hearing on the proposed contract.

IX. CONTRACT PERIODS

Contracts will be reviewed annually, at which time they could be renegotiated if this option is included in the contract. A contract may be renewed without rebidding.

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X.   PROTESTS

Mountain-Valley EMS Agency will consider any protest or objection regarding the award of a contract, provided it is filed within the time period established in the RFP.

Written confirmation of all protests shall be requested from the protesting parties. The protesting party will be notified in writing of Mountain-Valley EMS Agency's decision on the protest. The notification will explain the basis for the decision.

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Appendix

a. RFP Application
b. Disaster Control Facility Designation Policy
c. Draft Contract for Disaster Control Facility Designation
d. Disaster Control Facility Service Areas Map

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RFP
Application

Mountain-Valley

Emergency Medical Services Agency

RFP Application

a.	Business name and legal business status (i.e., partnership, corporation, etc.) of the prospective contractor:	
b.	Number of years the prospective contractor has been in business under the present Business name, as well as related prior business names:	
c.	Number of years of experience the prospective contractor has had in providing the required services.	
d.	Evidence of at least one contract completed during the last five (5) years showing year, type of services, dollar amount of services provided, location, and contracting agency.	
e.	Details of any failure or refusals to complete a contract.	
f.	Whether the responder holds a controlling interest in any other organization, or is owned or controlled by any other organization.	

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g.	Financial interests in any other related business:
h.	Names of persons with whom the prospective contractor has been associated in business as partners or business associates in the last five (5) years:
i.	Explanation of any litigation involving the prospective contractor or any principal officers thereof, in connection with any contract for similar services.
j.	An explanation of experience in the service to be provided, or similar experience of principal individuals of the prospective contractor's present organization:

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k. A list of major equipment to be used for the direct provision of services:

❑ VHF (H.E.A.R. System) radio
  UHF Med-Net radio
❑ Auxiliary Radio antenna and outlet
❑ Dedicated paramedic telephone line
❑ Blast Conference Telephone Capability
❑ Recording devices for DCF radios and dedicated telephones
❑ Facsimile machine with group faxing capability
❑ Other _____

_____

l. A list of commitments, and potential commitments which may impact assets, lines of credit, guarantor letters, or otherwise affect the responder's ability to perform the contract:

m. Business or professional licenses or certificates required by the nature of the contract work to be performed and held by the responder:

n. Timeline, place and method of service delivery:

o. Other pertinent information

The responding agency agrees to:

    a.   Provide Mountain-Valley EMS Agency with any other information determined to be necessary for an accurate determination of the prospective contractor's qualifications to perform services.

    b.   The right of Mountain-Valley EMS Agency to audit the prospective contractor's pertinent records.

    c.   Conform to all applicable provisions of local, state and federal laws and regulations.

This proposal shall remain in effect for not less than 60 days from the date of the signature below.

This shall constitute a warranty, the falsity of which shall entitle Mountain-Valley EMS Agency to pursue any remedy authorized by law, which shall include the right, at the option of Mountain-Valley EMS Agency, of declaring any contract made as a result thereof to be void.

_____   _____

Name of Applicant (*Please Print*)   Title

_____   _____

Signature of Applicant   Date

Manual 2, Enclosure D

HOSPITAL DIRECTORY

ENCLOSURE D

REGION IV
HOSPITAL/FACILITY DIRECTORY

LISTED BY COUNTY

ALPINE COUNTY	
CISM Team Only Emergency Number: 916-694-2231 Business Number: 916-694-2146	

AMADOR COUNTY	

Sutter Amador Hospital
Emergency Number: 209-223-6621
Business Number: 209-223-6208
    CF - Control facility
    H - Heliport	

CALAVERAS COUNTY	

Mark Twain Hospital
Emergency Number: 209-754-1469
Business Number: 209-754-3521
    CF - Control facility
    H - Heliport	

EL DORADO COUNTY	

Barton Memorial Hospital
Emergency Number: 530-544-0251
Business Number: 530-542-3000 Ext 2222
    CF - Control facility
    H - Heliport
	Marshall Hospital
	Emergency Number: 530-626-2717
	Business Number: 530-622-1441
	    CF - Control facility

NEVADA COUNTY	

Sierra Nevada Memorial Hospital
Emergency Number: 530-274-6001
Business Number: 530-274-6020
    CF - Control facility
    H - Heliport
	Tahoe Forest Hospital
	Emergency Number: 530-582-3208
	Business Number: 530-587-6011
	    CF - Control facility
	    H - Heliport

PLACER COUNTY	
Sutter Auburn Faith Hospital Emergency Number: 530-888-4550 Business Number: 530-888-4550 CF - Control facility	Sutter Roseville Medical Center Emergency Number: 916-781-1533 Business Number: 916-781-1533 ACF - Control Facility CV - Cardiovascular H - Heliport NS - NeuroSurg TC - Trauma Center

SACRAMENTO COUNTY	
Kaiser Medical Center Emergency Number: 916-973-6626 Business Number: 916-973-6626 NS - NeuroSurg NU - Neonatal Intensive Care	Kaiser Hospital South Emergency Number: 916-688-2511 Business Number: 916-688-2511
Mercy American River Hospital Emergency Number: 916-484-2306 Business Number: 916-484-2401	Mercy Hospital of Folsom Emergency Number: 916-983-7470 Business Number: 916-983-7470
Mercy General Hospital Emergency Number: 916-453-4428 Business Number: 916-453-4428 CV - Cardiovascular	Mercy San Juan Hospital Emergency Number: 916-961-9181 Business Number: 916-537-5121 CV - Cardiovascular HB - Hyperbaric Chamber NU - Neonatal Intensive Care
Methodist Hospital Emergency Number: 916-423-6126 Business Number: 916-423-3000	Sutter General Hospital Emergency Number: 916-454-2222 Business Number: 916-733-3003 HM - Haz Mat Decontamination NS - NeuroSurg RD - Radiation Decontamination
Sutter Memorial Hospital Emergency Number: 916-454-3333 Business Number: 916-454-3333 CV - Cardiovascular NU - Neonatal Intensive Care PU - Pediatric Intensive Care	UC Davis Medical Center Emergency Number: 916-734-3797 Business Number: 916-734-3893 BU - Burn Unit CV - Cardiovascular CF - Control facility H - Heliport HM - Haz Mat Decontamination NS - NeuroSurg NU - Neonatal Intensive Care PU - Pediatric Intensive Care RD - Radiation Decontamination TC - Trauma Center

SAN JOAQUIN COUNTY

Dameron Hospital Emergency Number: 209-465-6271 Business Number: 209-461-3166 BU - Burn Unit	**Doctor's Hospital of Manteca** Emergency Number: 209-982-4927 Business Number: 209-239-8301 HM - Haz Mat Decontamination
Lodi Memorial Hospital Emergency Number: 209-368-8619 Business Number: 209-948-3343 Ext 575 H - Heliport	**Saint Dominic's Hospital** Emergency Number: 209-825-3695 Business Number: 209-825-3555 H - Heliport HM - Haz Mat Decontamination
Saint Joseph's Medical Center Emergency Number: 209-946-0869 Business Number: 209-467-6400 CV - Cardiovascular H - Heliport NS - NeuroSurg	**San Joaquin General Hospital** Emergency Number: 209-982-1975 Business Number: 209-468-6300 CF - Control Facility RCF - Regional Control Facility H - Heliport NS - NeuroSurg NU - Neonatal Intensive Care
Sutter Tracy Community Hospital Emergency Number: 209-835-8539 Business Number: 209-835-1500 Ext ED	

STANISLAUS COUNTY

Del Puerto Emergency Number: 209-892-8781 Business Number: 209-892-8781	**Doctor's Medical Center** Emergency Number: 209-526-8256 Business Number: 209-576-3609 CV - Cardiovascular H - Heliport NS - NeuroSurg NU - Neonatal Intensive Care PU - Pediatric Intensive Care
Emmanual Medical Center Emergency Number: 209-667-6324 Business Number: 209-668-5800 H - Heliport	**Memorial Medical Center** Emergency Number: 209-579-2983 Business Number: 209-526-4500 Ext 6911 CF - Control Facility CV - Cardiovascular H - Heliport NS - NeuroSurg
Oak Valley Hospital Emergency Number: 209-847-5062 Business Number: 209-847-3011 H - Heliport	

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TUOLUMNE COUNTY	
Sonora Community Hospital Emergency Number 209-532-0944 Business Number 209-532-2450	Tuolumne General Hospital Emergency Number 209-532-8565 Business Number 209-533-7130 ACF - Control Facility
YOLO COUNTY	
Sutter-Davis Emergency Number: 530-757-5111 (Nsg Supervisor) Business Number: 530-757-5111 - ED	Woodland Memorial Hospital Emergency Number: 530-662-3961 Business Number: 530-662-3961 ACF - Area Control Facility

DIRECTORY OF HOSPITALS/FACILITIES

LISTED BY SPECIALTY

A listing of Area Hospitals' specialties will be included as follows;

BU Burn Unit	
County of Sacramento: - U.C. Davis Medical Center	County of San Joaquin: - Dameron Hospital

CV Cardio-Vascular	
County of Placer: - Sutter Roseville Medical Center	County of Sacramento: - Mercy General Hospital - Mercy San Juan - Sutter Memorial Hospital - U.C. Davis Medical Center
County of San Joaquin: - Dameron Hospital - Saint Joseph's Medical Center	County of Stanislaus: - Doctor's Medical Center

CF Control Facility	
County of Amador: - Sutter Amador Hospital	County of Calaveras: - Mark Twain Hospital
County of El Dorado: - Barton Memorial Hospital - Marshall Hospital	County of Nevada: - Sierra Nevada Memorial Hospital - Tahoe Forest Hospital
County of Placer: - Sutter Auburn Faith Hospital - Sutter Roseville Medical Center	County of Sacramento: - U.C. Davis Medical Center
County of San Joaquin: - San Joaquin General Hospital	County of Stanislaus: - Memorial Medical Center
County of Tuolumne: - Tuolumne General Hospital	County of Yolo: - Woodland Memorial Hospital

Area Control Facility	
Mountain County North: - Sutter Roseville Medical Center	Mountain County South: - Tuolumne General Hospital
Valley Counties - Woodland Memorial Hospital	

H Heliport	
County of Amador: - Sutter Amador Hospital	County of Calaveras: - Mark Twain Hospital
County of El Dorado: - Barton Memorial Hospital	County of Nevada: - Sierra Nevada Hospital - Tahoe Forest Hospital
County of Placer: - Sutter Roseville Medical Center	County of Sacramento: - U.C. Davis Medical Center
☐ County of San Joaquin: - Lodi Memorial Hospital, - St. Dominic's Hospital - San Joaquin General Hospital - St. Joseph's Hospital	County of Stanislaus: - Doctor's Medical Center - Emmanual Medical Center - Memorial Medical Center - Oak Valley Hospital

HB Hyperbaric Chamber	
County of Sacramento: - Mercy San Juan	San Joaquin County - St. Joseph's Medical Center

HM Hazardous Materials Decon	
County of Sacramento: - U.C. Davis Medical Center	County of San Joaquin: - Doctor's Hospital - St. Dominic's Hospital

NS Neuro-Surgery	
County of Placer: - Sutter Roseville Medical Center	County of Sacramento: - Kaiser Medical Center - Sutter General Hospital - U.C. Davis Medical Center
County of San Joaquin: - San Joaquin General Hospital (primary) - St. Joseph's Medical Center (secondary)	County of Stanislaus: - Doctor's Medical Center - Memorial Medical Center

NU Neonatal ICU	
County of Sacramento: - Kaiser Medical Center - Mercy San Juan Hospital - Sutter Memorial Hospital - U.C. Davis Medical Center	County of San Joaquin: - San Joaquin General Hospital
County of Stanislaus: - Doctor's Medical Center	

PI Peds ICU	
County of Sacramento: - Sutter Memorial Hospital - U.C. Davis Medical Center	County of Stanislaus: - Doctor's Medical Center
RD Radiation Decontamination	
County of Sacramento: - U.C. Davis Medical Center	
TC Trauma Center	
County of Placer: - Sutter Roseville Medical Center	County of Sacramento: - U.C. Davis Medical Center

ACRONYM TABLE	
ACF	Area Control Facility
BU	Burn Unit
CF	Control Facility
CV	Cardiovascular Surgery
H	Heliport
HB	Hyperbaric Chamber
HM	Hazardous Materials Decontamination
NS	Neuro Surgery
NU	Neonatal Intensive Care
PU	Pediatric Intensive Care
RD	Radiation Decontamination
TC	Trauma Center™