



McLean County Area EMS System

TITLE: EMS SYSTEM HOSPITALS AND ALTERNATE TREATMENT SITES IN A MASS CASUALTY INCIDENT

POLICY STATEMENT:

A declared Mass Casualty Incident (MCI) can easily overwhelm the EMS system and its hospitals. Although not typically involved in emergency responses, several facilities in the community are capable of treating minor/ walking wounded patients, which will help decompress some casualty numbers for the hospitals. This policy provides guidelines to include some of these facilities as Alternate Treatment Sites along with the EMS system hospitals in a response to a declared MCI.

GOAL/PURPOSE:

The purpose of this policy is to provide guidelines for medical responders (EMS, hospitals, and alternate treatment sites) to manage MCI victims between the responding hospitals and alternate treatment sites. The goal is to transport all victims from the incident site to hospitals and alternate treatment sites as efficiently as possible without overwhelming any hospital or alternate treatment site.

POLICY:

A. Pre-incident Responsibilities

1. Resource Hospitals – Advocate BroMenn Medical Center and OSF St. Joseph Medical Center alternate as Resource Hospital for the EMS system. When one is the action Resource Hospital, the other is the Alternate Resource Hospital. The Resource Hospital will serve as the primary contact for the Alternate Treatment Sites participating in this policy.
 - a. Maintain contact information and hours of operation for the Alternate Treatment Sites and the EMS System hospitals.
2. Alternate Treatment Sites
 - a. Provide and keep updated to the assigned Resource Hospital 24/7 contact information for a primary contact and at least one back-up and hours of operation.
 - b. Maintain disaster calling tree to contact staff (including medical staff) off-duty and after hours when needed.
 - c. Provide appropriate National Incident Management System (NIMS) training to staff who may respond, especially those who are likely to have a leadership role.
 - d. Maintain NIMS forms anticipated to be utilized for an MCI event.

B. Incident Management and Communication

1. Notification and Incident Command

- a. While activating the EMS System MCI policy, on-scene incident command will notify the EMS System Coordinator and the Resource Hospital.
- b. On-scene incident command will assign a Transport Team Leader, who will further communicate with the Resource Hospital.
- c. The Resource Hospital will notify and further communicate with the local hospital directly impacted by the MCI, the Alternate Resource Hospital, and the EMS System Office.
- d. The EMS System Office will notify the EMS Medical Directors, the Regional Healthcare Coordination Center (OSF Saint Francis Medical Center), and the Illinois Department of Public Health.
- e. If a need for additional help is determined, the Resource Hospital will notify and communicate with the other EMS System hospitals.
- f. If a need for Alternate Treatment Sites is determined, the Resource Hospital will notify and communicate with the Alternate Treatment Site's primary or back-up contacts, as needed.
- g. Transport Team Leader to Resource Hospital communications will be via Starcom radio on talkgroup Region 7B (Zone BB, #10). Until the Transport Team Leader is issued a Starcom radio, a cell phone should be utilized to communicate with the Resource Hospital on a recorded line.
- h. Hospital-to-Hospital communications can be via MERCI 155.280 ("MERCY 2"), telephone, or by conference phone bridge which has been pre-arranged. Starcom radio is also available in all hospitals, if local EMA/Incident Command instructs the hospitals to use a Starcom channel as part of the community communication plan for the incident.

2. Transport Team Leader

- a. Inform the Resource Hospital of the types and numbers of casualties including any special hazards (e.g., hazardous materials).
- b. Obtain the patient's hospital or Alternate Treatment Site destinations from the Resource Hospital.
- c. Assign and arrange patient transportation using the patient's triage categories and Resource Hospital assignments. If destination assignments are not yet available from the Resource Hospital, use your best judgment to assign patients according to injuries and the knowledge at hand of the hospital's abilities to accept patients.
- d. Maintain a record of patients transported and their respective destinations.

3. Transporting EMS Agency

- a. Transport patient(s) to assigned hospital or Alternate Treatment Site.
- b. While transporting to a hospital, provide a brief radio report to include ONLY triage category, life threats, and ETA.
- c. No radio or phone report is needed when transporting to an Alternate Treatment Site.

4. Resource Hospital

- a. Receive from Transport Team Leader the types and numbers of casualties including any special hazards (e.g., hazardous materials).
- b. Receive from EMS System hospitals the types and numbers of patients they can accept.
- c. Determine if Alternate Treatment Sites are required. If so, initiate notifications of Alternate Treatment Sites as needed. Brief Alternate Treatment Sites on the

situation, including numbers and types of patients, if known. Determine which Alternate Treatment Sites will participate and provide call back information to them.

- d. When notified by an Alternate Treatment Site of their ability to receive patients, obtain the numbers of minor patients the Alternate Treatment Sites can accept.
 - e. Inform field Transport Team Leader the types and numbers of patients each hospital and treatment site can accept. Assist with coordination of transportation of patients to the hospitals and Alternate Treatment Sites as needed.
 - f. Maintain log of numbers and types of patients each site can take.
 - g. Demobilization: After notification from the field Transport Team Leader, inform all participating hospitals and Alternate Treatment Sites that all patients have been transported and the MCI is All Clear.
5. EMS System Hospitals (including Resource/Alternate Resource Hospitals)
- a. Upon notification by the Resource Hospital, activate the hospital's internal response, if needed.
 - b. Inform the Resource Hospital the types (triage categories) and numbers of patients your hospital can take (See ATTACHMENT 1: GUIDELINES FOR MCI PATIENT ACCEPTANCE).
 - c. Receive and treat patients transported from the disaster site.
 - d. Collect triage tags as patients arrive. Maintain log of patients and their dispositions. Be prepared to share this information with the Resource Hospital or American Red Cross for purposes of patient tracking and/or family reunification.
6. Alternate Treatment Site
- a. Upon notifications, activate the disaster calling tree to bring staff in to the Alternate Treatment Site.
 - b. Upon arriving to the Alternate Treatment Site, notify the Resource Hospital and give approximate number of minor/walking wounded patients able to receive and treat based on your available space.
 - c. Receive and treat patients transported directly from the disaster site.
 - d. Collect triage tags as patients arrive. Maintain log of patients and their dispositions. Be prepared to share this information with the Resource Hospital or American Red Cross for purposes of patient tracking and/or family reunification.
 - e. Maintain record of expenses (using NIMS) associated with the incident. Some may be reimbursable if incident becomes a declared disaster.
 - f. If a walking wounded patient should deteriorate beyond the capabilities of the Alternate Treatment Site, call 9-1-1 to activate EMS to transport the patient to the appropriate Emergency Department. Inform the Resource Hospital.

ATTACHMENT 1: GUIDELINES FOR MCI PATIENT ACCEPTANCE

The ability to accept MCI patients will be limited by space and caregivers available. Although these decisions will be greatly affected by the circumstances of an individual event, the following guidelines could be used to help determine how many patients could be accepted at a given moment. Be sure to include any existing patient load when determining the ability to accept more.

- A. It is assumed that the following ratios of nurses and doctors to patients would be appropriate in an MCI.
 - 1. 1 RN: 2 Red (Immediate) patients
 - 2. 1 RN: 5 Yellow (Delayed) patients
 - 3. 1 MD: 3 Red (Immediate) patients
 - 4. 1 MD: 15 Yellow (Delayed) patients

- B. Therefore, a team of 1 MD & 3 RNs could accept one of these combinations of patients as long as bed space is available:
 - 1. 3 Red/ 0 yellow
 - 2. 2 Red/ 5 yellow
 - 3. 1 Red/ 10 Yellow
 - 4. 0 Red/ 15 Yellow

- C. Green (Minor) patients will be limited by space rather than caregiver resources, as it is expected that they can wait indefinitely. To decompress acute care facilities, utilize Alternate Treatment Sites for Green patients.

ATTACHMENT 2: MCI HOSPITAL COMMUNICATIONS FORM

STEP 1: Number of patients requiring transport and any special hazards

Red	Yellow	Green	Special Hazard

STEP 2: Determine capabilities of each hospital

Hospital	Red	Yellow	Green
Advocate BroMenn Medical Center			
OSF St. Joseph Medical Center			
Hospital impacted by the MCI			
TOTALS			

- Resource Hospital informs field Transport Team Leader of each hospital's capabilities.
- If transport need exceeds capacity, move to STEP 3.

STEP 3: Notify and determine capabilities of alternate hospitals as needed

Hospital	Red	Yellow	Green
Advocate Eureka Hospital			
John Warner Clinton Hospital			
St. Margaret's Hospital			
OSF St. James Medical Center			
TOTALS			

- Resource Hospital informs field Transport Team Leader of each hospital's capabilities.
- If transport need exceeds capacity, move to STEP 4.

STEP 4: Determine the remaining number of patients

Red/ Yellow – Notify OSF St. Francis Medical Center of the remaining number. They will coordinate patient movement throughout the other Region 2 hospitals.

Green – Notify and determine capabilities of Alternate Treatments Site(s) as needed.

Alt. Treatment Sites	Green	Alt. Treatment Sites	Green
HealthPoint		OSF Nord Farms	
OSF Eastland		OSF College	
Sugar Creek		ISU Health	
OSF Ft. Jesse			
TOTALS			

- Use some or all of these treatment sites as needed.
- Resource Hospital informs field Transport Team Leader of each participating Alternate Treatment Site's capabilities.

STEP 5: Demobilization (after notification from the Field Transport Team Leader)

- Inform all participating hospitals and Alternate Treatment Sites that all patients have been transported and the MCI is All Clear.

ATTACHMENT 3:
MCAEMS SYSTEM HOSPITALS & ALTERNATE TREATMENT SITES MCI COMMUNICATION FLOWCHART

