



County of
Kern

EMERGENCY MEDICAL SERVICES DEPARTMENT



HOSPITAL MASS CASUALTY SURGE PROTOCOL

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HOSPITAL MASS CASUALTY SURGE PROTOCOL

I. PURPOSE:

As a healthcare provider and community leader, the hospitals of Kern County and their staff shall assume a primary role and responsibility for providing emergent and acute care services (safely and within the scope of their service) to the community during times of medical crisis. The hospitals of Kern County shall work directly with the Kern County Emergency Medical Services Department Operations Center (EMS DOC) to plan and coordinate medical disaster response, operations and recovery activities, during times of medical crisis.

Hospitals have adopted the Hospital Incident Command System (HICS) standard as a mitigation strategy. HICS serves as the Kern County hospitals' operations response structure during in a medical disaster event and is designed to provide clearly defined job duties and responsibilities. In addition, the Hospital Mass Casualty Surge Protocol, and related disaster response policies and procedures shall provide detailed facility specific guidance in managing all aspects of medical disaster response. A well-coordinated response to a disaster saves lives and minimizes pain and suffering.

II. SCOPE:

The scope of the Hospital Mass Casualty Surge Protocol is to guide hospitals in responding effectively to any event that presents the potential for a large number of persons seeking emergent and/or acute medical assistance, at the location of the hospital, or the defined hospital zone, following a mass casualty event. The Hospital Mass Casualty Surge Protocol consists of a number of procedures designed to respond to those situations most likely to disrupt the normal operations of area hospitals. Each response is designed to assure availability of resources for the continuation and appropriate placement of patient care during a medical disaster. The plan also addresses the medical needs of victims of a hospital or community based incident. The program is also designed to assure compliance with applicable codes and regulations. The program is applied to all hospital staff.

III. FUNDAMENTALS:

- A. Disasters will occur. Effective assessment and planning reduces the impact of the disaster on the quality of patient care.
- B. Disasters can be best managed by developing a redundant set of resources and standards such as HICS and other facility disaster response policies and procedures, to mitigate the anticipated impact.
- C. The Kern County EMS Department coordinates with local, county, state, federal, civil authorities, and EMS system providers to conduct situation status assessment and allocate resources throughout the Kern County Operational Area. The incident or event will be managed to provide the greatest medical good for the greatest number.

- D. Periodic drills, both community and internal, are essential for maintaining staff awareness of disaster procedures, patient surge capacity influx, and for evaluating the effectiveness of plan.
- E. Scheduled drills and actual implementations of the Hospital Mass Casualty Surge Protocol provide opportunities to observe staff performance and to identify opportunities for improvement.

IV. OBJECTIVES:

- A. Each implementation and drill, or exercise are documented and critiqued. Findings are used to identify opportunities to improve the protocol, staff training, or the resources available to staff during emergency situations. Each implementation and drill or exercise shall be followed by development of an After Action Report (AAR). The AAR will be distributed to the Hospital Safety Committee and the Kern County EMS Department.
- B. Staff required to respond are trained. Training includes use of personal protective equipment, decontamination, other specialized equipment required to be used or operated, and mass casualty surge plans/standard operating procedures. Hospitals are primarily responsible for initial training of staff and maintenance of competency. The Department will assist with staff training when possible.
- C. Each hospital will conduct an annual evaluation of the objectives, scope, performance, and effectiveness of the protocol and report the results to the Hospital Safety Committee and Kern County EMS Department. The EMS Department will aggregate the results and provide a report to the MMRS Medical-Health Subcommittee.

V. PROCESSES OF THE HOSPITAL MASS CASUALTY SURGE PROTOCOL:

- A. Activation of the protocol will be initiated by Kern County EMS Department through a Med-Alert notice. The protocol has four levels of activation based on the severity of the event and data collected by Kern County EMS Department staff. The levels are named as follows: **SURGE ONE, SURGE TWO, SURGE THREE, and SURGE FOUR.**

SURGE ONE – Notification to area hospitals by Kern County EMS Department. Hospitals activate command centers and internal disaster plans per their hospital policies and procedure. Upon activation of command centers, all communications and requests will be between Kern County EMS Department Operations Center (EMS DOC) and the Hospital Command Centers.

- Activate Hospital Command Center
- Determine if facility lockdown or restricted access is necessary
- Activate Internal Alert
- Determine the potential casualty number and medical condition types
- Communicate Situation Status and Resource Needs to the EMS DOC
- Consider activation of limited staff call-back
- Cancel Elective, Routine or Non-Essential Surgery
- Accelerate Discharge

The general indications for Surge One activation by the EMS Department would be systemic or area emergency department overload scores ranging between 20 to 40 for situations that maybe longer term (days or weeks). This would not prevent the Department from activating Surge One at lower emergency department overload scores for situations that are expected to escalate significantly at the Department discretion.

SURGE TWO – At Surge Two, the mass casualty event is escalating and requires further mobilization of resources. Hospitals prepare to accept a surge of mass casualties. Surge Two is designed to address the facilities’ internal disaster response, operations and recovery procedures.

- Communicate Situation Status and Resource Needs to the EMS DOC
- Establish logistics necessary to sustain operations
- Fully Activate Staff Call-Back
- Staff Vacant Internal Bed Capacity
- Mobilize Additional Beds within Facility
- Activate Public Information Officer (PIO) Media Briefing Area
- Activate Family Information Area

The general indications for Surge Two activation by the EMS Department would be systemic or area emergency department overload scores ranging between 41 to 60 for situations that maybe longer term (days or weeks). This would not prevent the Department from activating Surge Two at lower emergency department overload scores for situations that are expected to further escalate at the Department discretion.

SURGE THREE – At Surge Three, the mass casualty event has escalated further and requires mobilization of resources outside the facility to manage the patient numbers. Kern County EMS Department will activate mass casualty hospital zones per EMS policy and the extent of the incident or event. Hospital resources are mobilized outside for mass casualty operations.

- Establish External Security Perimeter Control
- Communicate Situation Status and Resource Needs to the EMS DOC
- Mobilize External Triage
- Mobilize External Registration
- Mobilize External Treatment
- Mobilize External Holding (post treatment monitoring)
- Mobilize External Discharge
- Mobilize External Morgue as Appropriate

The general indications for Surge Three activation by the EMS Department would be systemic or area emergency department overload scores ranging between 61 to 100 for situations that maybe longer term (days or weeks). This would not prevent the Department from activating Surge Three at lower emergency department overload scores for situations that are expected to further escalate at the Department discretion.

SURGE FOUR – The Kern County EMS Department in coordination with hospitals will expand external operations to include full mobilization of the Mass Casualty Hospital Zoning System and Casualty Staging Areas. The Kern County EMS Department will deliver needed resources to hospitals and the external casualty staging locations. Hospitals and Kern County EMS Department will plan for transport of patients out of the affected area. Hospitals and Kern County EMS Department will plan for the recovery phase of the event.

- Communicate Situation Status and Resource Needs to the EMS DOC
- Form Hospital Zone Strike Team(s) with assigned prehospital resources for response to priority incidents within the hospital zone as requested by the EMS DOC.
- Receive Resources from the EMS DOC
- Assist with Establishment of Assigned Casualty Staging Areas with Prehospital Resources
- Establish communications between Hospital Command Center and each assigned Casualty Staging Area
- Assign Resources to Hospital and Assigned Casualty Staging Areas based upon Priority Needs
- Each Hospital Command Center communicates with the EMS DOC regarding Hospital Command Center and Casualty Staging Area situation status and resource needs.
- Refer Greens to Assigned Casualty Staging Area
- Receive Reds and Yellows from Assigned Casualty Staging Areas
- Plan for all Necessary Patient Transport Inside or Out of the County

The general indications for Surge Four activation by the EMS Department would be systemic or area emergency department overload scores ranging at 101 or higher for situations that maybe longer term (days or weeks). This would not prevent the Department from activating Surge Four at lower emergency department overload scores for situations that are expected to further escalate at the Department discretion.

- B. Based on the type of incident or event, the Kern County EMS Department Operations Center (EMS-DOC) may set only SURGE 1 level operations; or may determine the need to activate SURGE 2, SURGE 3 or SURGE 4. The surge levels are progressive in complexity of the measures to be taken based upon the demand of the incident or event. If SURGE 4 level operations are activated, SURGE 1, 2 and 3 levels remain operational. Recovery would be managed by a gradual reduction of surge levels when indicated by the EMS DOC in conjunction with hospitals.
- C. The EMS DOC may set a uniform surge level countywide or different surge levels for specific hospitals in different areas of the County depending on the type and extent of the incident or event.