

Consider **EMS Duty Chief** response for the following:

- Evacuation of medical care facilities (SNF, hospitals, board/care, etc.)
- Incidents at hospitals that may require hospital closure or evacuation of patients
- Evacuation of large numbers of persons that may result in injury
- Any event that has the potential for resulting in numbers of ill or injured persons
- Any unique or complex medical-health event
- Incidents that cannot be resolved by the EMS Field Supervisor
- Incidents involving suspected biological agents (link to Public Health Department)
- Requests for medical-health mutual aid
- Accessing Chempacks (biological agent antidote caches)
- Provide technical information or medical-health resources
- Requests for policy variances (emergency)

COUNTY EMS MANAGED / COORDINATED RESOURCES

The EMS Duty Chief may provide access to the following resources:

- Chempacks (8)
- Disaster Medical Support Units (2)
- Disaster Supply Unit (1)
- Alternative Transport Ambulances (2)
- 25-Person Tents (4)
- Command/Control Cabana with Tender (1)
- Field Treatment Site (FTS) Trailers (8)
- Field Amputation Kits with Physician Response (2)
- Priority Prophylaxis (antibiotics for first responders)
- All Operational and Regional Medical Health Mutual Aid Assets

HEALTH OFFICERS ORDERS

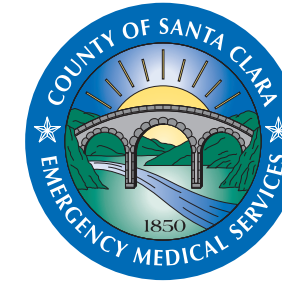
The County Health Officer, or designee, may issue orders through the EMS Duty Chief related to the protection of the public from any potential or real public health emergency.

Public safety officers may detain individuals against their will for the purpose of decontamination if they have executed an MOU with the County that enables this action. Fire and law enforcement officers shall immediately contact the Health Officer and/or EMS Duty Chief (via County Communications) if it is necessary to detain any person against their will for the sole purpose of decontamination.

STANDARD DISPATCH ORDERS

Standard Dispatch Orders (SDOs) are contingency actions that may be implemented when necessary to maintain EMS System operations when executed by the County.

Order #	Description
7	All Hospitals Ordered Open Field Crew Response: Hospital emergency department diversion and trauma bypass statuses are suspended.
8	Discontinue all Patient Care Reports (PCRs) and Replace with Triage Tags Only basic patient information and criticality are collected. Field Crew Response: Discontinue all Patient Care Reports (PCRs) and Replace with Triage Tags. Only basic patient information and criticality are collected.
13	Dispatch BLS Ambulances to “Alpha”, “Bravo” and/or “Code 2” EMS Events Field Crew Response: Once attached to an event, the BLS ambulance shall remain on the event even if the call is upgraded. If ALS is required, the first responder agency shall provide this service (if available) and accompany the patient to the hospital if needed.
14	All Ambulance Responses are Handled “Code 3” Field Crew Response: To increase ambulance availability, all ambulance responses are handled Code 3, regardless of patient severity.
15	All Ambulance Transports to the Hospital to be Handled “Code 3” Field Crew Response: To increase ambulance availability, all ambulance transports to the hospital to be handled Code 3, regardless of patient severity.
16	Ambulances Shall be Transported to the Closest Open Emergency Department Field Crew Response: Follow Order as written –ensure Order 21 is not in effect.
17	Automatic Ambulance Dispatches are Suspended Until a First Response Unit Arrives on-the-scene and Verifies that a Patient Needing Emergency Transport Exists Field Crew Response: Ambulances shall only be sent to calls for services when a patient has been identified and is in need of EMERGENCY transportation by ambulance. Patients not in immediate need will not be transported.
18	Ambulance Dispatches to “Alpha”, “Bravo” and/or “Code 2” EMS Calls are Suspended Field Crew Response: This may follow Order # 14, Order #15 and/or Order # 16, if adequate ambulance resources are not available.
21	Patient Routing Directed by the Count Field Crew Response: Follow Centralized Patient Routing procedure in this guide.



**County of Santa Clara
Emergency Medical Services System**

**OPERATIONAL AREA EMS
OPERATIONS**

A Reference Guide for Fire Officers

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AMBULANCE USE KEY COMPONENTS

- Ambulance resources are limited and must be fully loaded prior to departure from the scene.
- **1 IMMEDIATE** or **1 IMMEDIATE** and **1 DELAYED** or **2 DELAYED** patients per ambulance.
- Ambulances must be routed to multiple hospitals from a single event so that any one hospital is not over burdened.

AMBULANCE TASK FORCE (ATF) CONSIDERATIONS

- The incident is not continuing to generate additional injuries / patients.

ATF 1	ATF 2
3 Ambulances 1 EMS Field Supervisor	6 Ambulances 1 EMS Field Supervisor

MULTIPLE PATIENT MANAGEMENT PLAN ACTIVATION

- ATF 1 or 2 resources are inadequate for patient transportation needs
- The incident is continuing to generate or has the potential to generate additional patients (hazmat, evacuation, bomb, etc.).
- START triage is being used
- **Providing a patient count (those that will require transport) is essential**

Level	Description
Activation 1 (Multi-Victim)	Up to 10 patients require ambulance transport
Activation 2 (Multi-Casualty)	Between 11 and 20 patients require ambulance transport
Activation 3 (Multi-Casualty)	Over 21 patients require ambulance transport
Activation 4 & 5 (Mass-Casualty)	Not used at the field level.

MPMP ACTIVATION INITIATION BY THE IC

The Incident Commander (IC) notifies their communications center to initiate an ACTIVATION. The IC must provide the following information to the local jurisdictions communications center and then the local communications center shall provide the information immediately to Santa Clara County Communications.

- Level of Activation (Level 1, 2, or 3)**
- Number of Patients Requiring Transportation**
- Ground Ambulance Staging Location**
- Life Hazards and Travel Plan if applicable**

MPMP CANCELLATION BY THE IC

An Activation should be cancelled as soon as possible when adequate incident resources have been attained. The Incident Commander (IC) notifies their communications center to cancel an ACTIVATION.

FIRE SERVICE / EMS RADIO COMMUNICATION

Frequency	Band	County Ambulance	Non-911 Ambulances	EMS Duty Chief	Hospitals
County EMS	800-R	Mobile & Portable	Mobile & Portable	Mobile & Portable	
EMS Command 92	800-R	Mobile & Portable	Mobile & Portable	Mobile & Portable	Base & Portable
EMS Command 93	800-R	Mobile & Portable	Mobile & Portable	Mobile & Portable	Base & Portable
EMS Command 94	800-R	Mobile & Portable	Mobile & Portable	Mobile & Portable	Base & Portable
EMS Tactical 95	800-D	Mobile & Portable	Mobile & Portable	Mobile & Portable	Base & Portable
EMS Tactical 96	800-D	Mobile & Portable	Mobile & Portable	Mobile & Portable	Base & Portable
EMS Tactical 97	800-D	Mobile & Portable	Mobile & Portable	Mobile & Portable	Base & Portable
BayMACS	NA	Mobile & Portable	Mobile & Portable	Mobile & Portable	Base & Portable
XSC Command 20	VHF-D	Mobile & Portable		Mobile & Portable	
XSC Tactical 40	VHF-D	Mobile & Portable		Mobile & Portable	
CALCOORD	VHF-D	Mobile & Portable		Mobile & Portable	
VFIR21	VHF-D	Mobile & Portable		Mobile & Portable	
VFIR22	VHF-D	Mobile & Portable		Mobile & Portable	
VFIR23	VHF-D	Mobile & Portable		Mobile & Portable	
CESERS	VHF-D	Mobile & Portable		Mobile & Portable	
XSC OES 10	VHF-R	Mobile & Portable		Mobile & Portable	
XSC County Parks	VHF-R	Mobile & Portable		Mobile & Portable	
XSC Roads	VHF-R	Mobile & Portable		Mobile & Portable	
All Fire Dispatch	NA			Mobile & Portable	
All Fire Command	NA			Mobile & Portable	
All Fire Tactical	NA			Mobile & Portable	

LIFE HAZARD / AMBULANCE PERSONNEL ACCOUNTABILITY

- Include ambulance personnel in PAR (operating on different frequency)
- Ensure ambulance personnel are aware of LIFE HAZARD announcements
- Ambulance personnel must wear protective jacket, helmet, and protective eyewear on all incidents on roadways, MPMP activations, or as directed or indicated by scene conditions.
- Consider attaching an EMS Field Supervisor to help ensure safety and accountability of non-fire resources.

RESCUER REHABILITATION AND RIC/RIT SUPPORT

- County Ambulance personnel support rehab activities, they are not qualified to fill the Rehab Unit Leader Position.
- County Ambulance personnel must don all protective gear, place ALS equipment on the ambulance gurney, and be available for immediate response when on scene for RIC support or as an incident standby ambulance.

HAZMAT – PATIENTS BEING TRANSPORTED

- Patients must be decontaminated prior to being loaded into the ambulance
- Ambulance Crews must be provided with (1) name of suspected substance, (2) decontamination methods used, (3) DOT reference number, and (4) any appropriate treatment information / considerations. The ambulance crew is required to provide this information to hospital personnel prior to arrival.

FIRE DEPARTMENT AMBULANCE TRANSPORT INDICATIONS

Within the County Service Area (excluding Palo Alto), fire departments may initiate the transport of patients if the their authorized emergency ambulance is on the scene and the patient presents with the need for immediate life-saving transportation (with red lights/siren) for conditions such as:

- The patient is in need of a red lights/siren transport to the hospital and County Ambulance has not arrived on the scene within eighteen (18) minutes; **or**
- Cardiac or respiratory arrest; **or**
- Uncontrollable airway/inability to ventilate; **or**
- Patient Meets STEMI Alert Criteria; **or**
- Patient Meets Stroke Alert Criteria; **or**
- Patient Meets Major Trauma Victim Criteria; **or**
- If the patient is in need of immediate transportation, after appropriate on-scene care and/or assessments due to condition that will only benefit from immediate transport.

The County may authorize fire department emergency ambulance transport in the following conditions:

- When authorized by the EMS Duty Chief regardless of circumstance. The EMS Duty Chief may designate authority for authorization to the County EOA EMS Field Supervisor.
- When authorized by the County EOA EMS Supervisor during a MPMP Level 2 activation or greater, or when County Ambulance has mechanically failed on the scene or in route to a call.

EMS FIELD SUPERVISORS / EMS DUTY CHIEF

The EMS Duty Chief is responsible for EMS System management and coordination including County Ambulance, hospitals, private ambulance services providers, mutual aid, and Santa Clara County Prehospital Care Policy; the EMS Field Supervisor is responsible for the coordination of County Ambulance personnel and management of routine day-to-day operations of County EMS Ambulance.

The EMS Duty Chief and EMS Field Supervisors are dispatched by County Communications.

Consider **EMS Field Supervisor** response for the following:

- Events with 2 or more ambulances
- Field personnel conflicts
- Events that may have significant Life Hazards or personnel accountability concerns.
- Any event that has the potential for resulting in high numbers of ill or injured persons
- When a Medical Group / Branch has been established
- When large number of personnel will go through formal rehab