

TITLE: **EMERGENCY MEDICAL SYSTEM SATURATION**

APPROVED: _____
Executive Director

Medical Director

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EMERGENCY MEDICAL SYSTEM SATURATION

I. **AUTHORITY:**

Division 2.5, Health and Safety Code, Sections 1797.170, 1797.220, 1798.101

II. **DEFINITIONS:**

- A. “Austere Medical Care” means a level of medical care in which all normally available procedures may not be performed due to a lack of available resources.
- B. “Disaster Control Facility” (DCF) means a facility designated by the EMS Agency that will assume primary responsibility for patient disbursement decisions in the event of system saturation
- B. “Level I” (Moderate Saturation) means a level of heightened awareness in which the medical system is unusually taxed, but local EMS providers are able to respond to all requests to medical-aid without change in the standards of patient care. Indicators for Level I include any of the following:
- Emergency departments are extremely busy and waiting times are unusually extended
 - Unusually high numbers of EMS 911 medical-aid requests
 - Local, regional, or state government alert of impending community threat
- C. “Level II” (Substantial Saturation) means the system is being substantially impacted. All emergency departments are full to capacity. Extended waiting times could have a negative impact on the care of the patients. Under a Level II situation, there are enough care services available in the impacted area through coordination with alternate medical facilities (e.g. physicians office, medical clinics, and urgent care centers). Indicators for Level II include any of the following:
- Local emergency departments are unable to provide treatment for all ambulance and walk-in patients, however, other local facilities (medical offices, clinics, urgent care centers, etc.) could help absorb EMS system patients
 - Local, regional, or state disaster proclamation, or proclamation anticipated
 - Medical transport resources consistently delayed
- D. “Level III” (Critical Saturation or Locally Declared Disaster) means local hospitals, physicians’ offices, clinics, and urgent care centers are unable to treat the number of patients in a timely manner, even with maximum extension of hours and additional staff. Patients cannot be moved to unimpacted areas and patient care is being negatively impacted.

Indicators for Level III include any of the following:

- Emergency departments and other medical facilities in the impacted area can no longer meet patient care demands
- Large numbers of victims are converging on local hospitals, urgent care centers, and other medical facilities
- Mutual-aid unavailable, including alternate patient care facilities
- Medical transport resources significantly delayed

- E. “Local Government” means the agencies or individuals acting on behalf of the operational area, including the EMS Agency, Health Department, OES Coordinator, and Operational Area Coordinators.
- F. “Transfer of Care” means a patient has been physically moved from an ambulance gurney and report has been given to the responsible party at a receiving facility.

III. PURPOSE:

- A. To prevent the escalation of EMS system saturation and mitigate its impact on the EMS community by developing a system for appropriate distribution of available resources during system overload or disaster.
- B. To replace the practice of diverting ambulances due to receiving facility overcrowding with processes intended to establish early intervention and coordination among the EMS community, and to promote equitable distribution of patients.
- C. To provide a mechanism for patient disbursement during multiple casualty incidents (MCIs) when medical facilities, transport providers, or other medical resources from outside an impacted area are unavailable.
- D. To augment MCI policies: #810.00 MCI Field Operations Manual, #820.00 MCI Control Facility Manual, and #830.00 MCI Medical Mutual Aid System.

IV. POLICY

- A. Planning/Prevention

If an event can be predicted (e.g. flu season, floods), those agencies that could potentially be impacted should coordinate planning efforts to minimize the impact of the event. While much of this planning may need to be event-specific, many general objectives may be applicable to a variety of local emergency medical system saturation events. Some of these objectives are listed below for use as guidelines in the preparation of an event-specific action plan. The following should be considered during the planning phase:

1. Public and private agencies should work cooperatively to develop action plans to minimize the impact and magnitude of the event within their areas of responsibility.
2. Identify cache or suppliers of preventative agents or supplies specific to the incident, such as antidotes, masks, etc.

3. Conduct public education/information programs outlining preventative actions and measures aimed at reducing the effects of the hazard.
4. Identify and educate emergency responders regarding any necessary precautions, including immunizations from viral or bacterial agents.
5. Develop and maintain communication plan and directory.
6. Develop mechanism with health care plans to provide exceptions from patient destination restrictions in the event of an MCI or medical system saturation event.
7. Inform all key parties of the action and communication plan.

B. System Response

- a. The county Disaster Control Facility shall automatically discontinue Level I System Saturation if the facility triggering the event has not done so within 3 hours, unless the status of the county warrants Level II activation.
- b. If any level of EMS Saturation exceeds 3 hours in one day, the Emergency Preparedness Committee (EPC) shall review data surrounding the incident (including the daily, weekly, and monthly statistics surrounding any occurrence) and make recommendations regarding possible system improvements.
- c. If any level of EMS Saturation exceeds 8 hours in one day, the local EMCC (or County EMS Committee designated by the Board of Supervisors to be advisory on EMS issues) shall review the incident (including the daily, weekly, and monthly statistics surrounding any occurrence), after being reviewed by the EPC, and make recommendations regarding possible system improvements.
- d. If Ambulance waiting times exceed 15 minutes for the transfer of care in an Emergency Department:
 - ambulance personnel shall notify the charge nurse,
 - ambulance personnel shall submit an Unusual Occurrence Report to the EMS Agency
 - the EPC shall review the incident and make recommendations regarding possible system improvements.
- e. If Ambulance waiting times exceed 30 minutes for the transfer of care in an Emergency Department:
 - ambulance personnel shall notify the charge nurse;
 - ambulance personnel shall submit an Unusual Occurrence Report to the EMS Agency
 - the local EMCC (or County EMS Committee designated by the Board of Supervisors to be advisory on EMS issues), shall review the incident, after review by the EPC, and make recommendations regarding possible system improvements.

V. PROCEDURE

Response to system saturation is organized into three separate levels as follows:

1. LEVEL I (Moderate Saturation)

A Level I event could escalate to Level II with little or no warning, therefore, the agencies recognizing a Level I event may be occurring, or may be eminent, shall take the following actions to prevent such escalation:

a. DISPATCH PROVIDERS

- (1) Contact the DCF, who will notify all impacted agencies

b. PREHOSPITAL PROVIDERS

- (1) Contact the DCF, who will notify all impacted agencies
- (2) DCF shall be contacted to coordinate disbursement of all EMS patient transports
- (3) Consider scheduling/staffing additional units and extended shifts

c. RECEIVING HOSPITALS

- (1) Contact the DCF, who will notify all impacted agencies
- (2) Health facilities should contact associated clinics, medical offices, and urgent care centers to notify them of the system status, and request that they extend service hours
- (3) Consider scheduling additional staff and extended shifts
- (4) Consider activation of Disaster Plan, including cancellation of elective surgeries, evaluation of non-critical patients for early discharge to home, or to skilled nursing facilities (SNF), and relocation of any admits being held in the emergency department
- (5) Consider submitting request for flexible bed capacity and staffing levels from DHS

d. DCF/LOCAL GOVERNMENT

- (1) DCF notifies local EMS Coordinator, OES Coordinator, and Fire Chiefs.
- (2) Establish ongoing planning sessions/coordination with all potentially impacted agencies/facilities
- (3) DCF coordinates all patient distribution until saturation level indicators have been resolved
- (4) DCF to confirm all receiving facility statuses at least every 60 minutes while on any level of system saturation. When indicators no longer exist to warrant saturation level, DCF shall notify all affected agencies.

2. LEVEL II (Substantial Saturation)

When any of the indicators for Level II saturation have occurred, the following actions shall be taken:

- a. **DISPATCH**
 - (1) Notify DCF of Level II status
 - (2) Perform any actions not taken under Level I
 - (3) Resources shall not be dispatched until formal Emergency Medical Dispatch screening has been conducted
 - (4) Upon authorization of the EMS Agency, implement on-scene assessment of patient status by first responders to EMS 911 calls **before** emergency medical dispatch decisions are made to allocate transport resources
 - (5) Consider scheduling additional staff and extended shifts

- b. **PREHOSPITAL PROVIDERS**
 - (1) Notify DCF of Level II status
 - (2) Perform any actions not taken under Level I
 - (3) Cancellation or rescheduling of ambulance interfacility transports
 - (4) Augment ambulance response with BLS transportation or BLS response units
 - (5) ALS providers augment system with ALS first response units to triage, assess, and treat patients
 - (6) BLS transport to facilities, when appropriate
 - (7) Implement austere levels of on-scene triage and treatment, upon authorization of the EMS Medical Director

- c. **RECEIVING HOSPITALS**
 - (1) Notify DCF of Level II status
 - (2) Perform any actions not taken under Level I
 - (3) Medical Directors' consider implementation of austere levels of medical care
 - (4) Consider notification of health plans and Health Maintenance Organizations of the local system status and that, during this level of emergency, health plan restrictions will not be honored.
 - (5) Consider utilizing other medical personnel (e.g. EMTs, paramedics, PAs) to augment staff at local receiving facilities

- d. **DCF/LOCAL GOVERNMENT**
 - (1) DCF notifies local EMS Agency, OES Coordinator, Fire Chiefs, and Operational Area Coordinators for Fire and Medical/Health of Level II status
 - (2) Local DCF activates Regional DCF
 - (3) Perform any actions not taken under Level I
 - (4) EMS Agency staff may perform unannounced site visits to ensure compliance with this policy.
 - (5) EMS Agency/Health Department, in cooperation with local Medical Society, request that local urgent care centers and medical facilities defer any immediate requirements for payment, in order to help absorb the ambulatory patient population
 - (6) EMS Agency/Public Health to provide public service announcements regarding medical direction, instruction on proper use of the 911 system, and

- medical facility availability (Use caution to ensure early announcement of the event doesn't unnecessarily increase medical system saturation)
- (7) EMS Agency/Health Department consider requesting extended hours at local physicians' offices, clinics, and urgent care centers
 - (8) Activate EOC and consider declaration of state of emergency

3. **LEVEL III (Critical Saturation)**

When any of the indicators for Level III saturation have occurred, the following actions shall be taken:

- a. **DISPATCH PROVIDERS**
 - (1) Notify DCF of Level III status
 - (2) Perform any actions not taken under Level II
 - (3) Alpha-priority calls (non-dangerous, no priority symptoms) should not receive medical response. Callers informed of resource status, and given any additional instructions provided by EMS Agency medical director
- b. **PREHOSPITAL PROVIDERS**
 - (1) Notify DCF of Level III status
 - (2) Perform any actions not taken under Level II
 - (3) START Triage used to assess patients
 - (4) Patients identified as Minors under START shall not receive ALS response or medical transportation
- c. **RECEIVING HOSPITALS**
 - (1) Notify DCF of Level III status
 - (2) Perform any actions not taken under Level II
 - (3) Implement process to identify and credential medical volunteers to fill staffing shortages
 - (4) Establish/activate alternative treatment sites
- d. **DCF/LOCAL GOVERNMENT**
 - (1) Perform any actions not taken under Level II
 - (2) Local government request DMAT and/or military MASH unit response