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**STANISLAUS COUNTY EMS/HOSPITAL SYSTEM SATURATION**

I. **AUTHORITY**

California Health and Safety Code, Division 2.5, Section 1797, et seq. California Code of Regulations, Title 22, Division 9, Chapters 4 through 9

II. **DEFINITIONS**

- A. **“Altered Standard of Care Protocols”**: means temporary protocols issued by the EMS Agency Medical Director that direct field personnel to implement a revised set of treatment procedures due to scarce equipment, supplies, or personnel in order to save the largest number of lives in contrast to the traditional focus on saving individuals.
- B. **“Disaster Control Facility (DCF)”** is the facility designated by the EMS Agency to monitor capacity and capability and to assume primary responsibility for directing patient destinations by ambulance during a Multiple Casualty Incident or EMS/Hospital System Saturation.
- C. **“Healthcare Surge Event”** means a proclamation by the local health officer or designee, using professional judgment determines, subsequent to a significant event or circumstances, that the healthcare delivery system has been impacted, resulting in an excess in demand over capacity and/or capability in hospitals, community care clinics, public health departments, other primary and secondary care providers, resources, and/or emergency medical services.
- D. **“Joint Information Center (JIC)”** is the location established by local government to coordinate the release of information to the press, media, and general public.
- E. **“Surge”** means a sudden and excessive rise in number of patients presenting to local emergency rooms.

III. PURPOSE

- A. To prevent the escalation of EMS/hospital system saturation and mitigate its impact on the EMS community by developing a system for appropriate distribution of available resources during a system overload or disaster.
- B. To provide EMS/hospital system managers and local government representatives with timely and accurate information that allows them to mitigate current or pending healthcare resource or capacity deficiencies.
- C. To augment standard EMS System MCI Policies and Procedures.

IV. POLICY

A. PLANNING AND PREVENTION

- 1. Hospital and EMS provider agencies shall ensure that emergency operations plans, phone numbers, and staff call back trees are current, including local and state government agency contacts. Key contacts include the Stanislaus County Health Department, Mountain Valley EMS Agency, Stanislaus County Office of Emergency Services, the Disaster Control Facility, and California Department of Public Health, Licensing and Certification.
- 2. Hospitals and EMS provider agencies shall implement recurring training in disaster and emergency operations, to include ICS, SEMS, NIMS, Haz-Mat/Decontamination, and relevant emergency operations plans.
- 3. Hospital and EMS provider agencies shall develop and maintain equipment and supply caches necessary to sustain operations during a system saturation event. Hospital and EMS provider agencies shall coordinate planning for public education and information messages with county OES and Public Health.
- 4. Hospitals shall work with their corporate organization to develop pre-incident inter-facility staffing reciprocity agreements and post-incident expedited credentialing capacity among their corporate facilities.
- 5. Hospitals shall develop, maintain, and periodically exercise internal Surge policies, that integrate with the policies and procedures contained herein.
- 6. Hospitals shall update facility status in EMS system each morning at 8 a.m., noting the Level of internal surge, and update the status as often as the internal surge level changes or as requested by the DCF.

V. PROCEDURE

A. Saturation Avoidance:

1. A hospital will implement its internal Saturation-Avoidance activities and Surge Protocols when its internal surge protocol triggers have been met.
2. When the DCF becomes aware of a hospital with multiple critical patients impacting the ED, the DCF will:
  - a. Implement MVEMSA Policy 820.00, activating the MCI Plan Assess all Hospital EDs capabilities and direct ambulance traffic to prevent significant impact on any one facility.
  - b. The DCF will discontinue the direction of ambulance traffic once the critical threat has been resolved.

B. System Saturation:

1. Criteria for System Saturation include:
  - a. All hospital within the county have met internal hospital surge triggers of Level 1 (Appendix A), or
  - b. Two or more hospitals within the county have met internal hospital surge triggers of Level 2 (Appendix A).
2. Impacted Hospital(s):
  - a. Initiate or continue with internal hospital surge policies.
  - b. Update facility status in EMSsystem to Advisory (including Level of internal surge and surge triggers) and provide additional updates as needed, or as requested by Control Facility.
  - c. If the Hospital Command Center (HCC) is activated, maintain status updates in EMSsystem (see section V. G. Transition to OA Disaster Operations).
3. Non-impacted Hospitals
  - a. Participate in Saturation Conference Call as requested.

- b. Update Facility Status in EMSsystem as needed or as requested by the DCF.

4. DCF

- a. Monitor hospital statuses in EMSsystem.
- b. Immediately notify the EMS Agency Duty Officer when System Saturation criteria are met. If EMS Agency Duty Officer determines that the system does **NOT** meet the criteria, the DCF will notify impacted facilities.
- c. Consider augmenting DCF staff and project staffing needs for future operational periods.

5. Mountain-Valley EMS Agency

- a. Respond to the DCF request within 5 minutes.
- b. Review the Hospital Status information with the DCF to determine if criteria are met to schedule a System Saturation Conference call.
- c. If criteria are met, schedule and conduct initial System Saturation Conference call within 15 minutes (see “C” below).
- d. Consider site visits of hospitals to verify Saturation avoidance activities, as necessary.
- e. Attempt to forecast impact and duration of event.
- f. If the MVEMSA Duty Officer or Department Operations Center (DOC) is activated, maintain status updates in EMSsystem (see section V. G. Transition to OA Disaster Operations).

C. System Saturation Conference Calls

When System Saturation criteria have been met, the EMS Agency Duty Officer shall schedule and conduct a System Saturation Conference Call within the hour.

- 1. The EMS Agency Duty Officer shall notify the DCF and provide the Conference Call date/time and call-in number and PIN.

2. The EMS Agency Duty Officer or DCF will notify all hospitals and ambulance providers of conference call by sending a message via the EMSsystem (or telephone) with date/time, call in phone number and PIN.
3. The EMS Agency Duty Officer shall conduct the conference call, including:
  - a. Updates from each facility to provide current status and Saturation-prevention activities.
  - b. Consideration for implementation of Patient Rotation through the DCF.
  - c. Date/time of next Conference Call to assess current status of System Saturation, to continue/discontinue Patient Rotation.

**D. Patient Rotation**

1. The DCF shall implement Patient Rotation among hospital EDs, as authorized by the EMS Agency Duty Officer.
2. Patient Rotation shall be reevaluated after a predetermined time established by the initial conference call, unless otherwise authorized by the EMS Agency Duty Officer.

**E. Re-Evaluation of the System**

1. For any of the following criteria, the EMS Agency Duty Officer shall contact the Public Health Officer (or designee) to consider initiating the County Surge Plan:
  - a. Patient Rotation continues for more than eight (8) hours
  - b. More than two hospitals have met Level 2 hospital surge triggers (appendix A)
  - c. Any hospital has met Level 3 hospital surge triggers (appendix A)

**F. Surge Matrix**

The matrix below indicates the “trigger” points to initiate appropriate notifications (see item H. Medical-Health Notification Process below)

# OF HOSPITALS	HOSPITAL ACTIVATION LEVELS			
	0	1	2	3
1				*DCF/**TAG
2			*DCF	**TAG/**STanMAC
3			**TAG	**TAG/**STanMAC
4			**TAG	**STanMAC
5		*DCF	**TAG	**STanMAC

\* DCF- Disaster Control Facility

\*\* TAG – Threat Assessment Group

\*\*\* STanMAC – Stanislaus Multi-Agency Coordination Group

**G. Transition to Operational Area Disaster Operations**

In the event that it becomes necessary to declare a Healthcare Surge Event, medical/health disaster operations will be transitioned to the authority of the Public Health Officer and the Operational Area Emergency Operations Center (EOC) and the Stanislaus County Medical Health Surge Plan may be activated.

**1. EMResource (EMSystem) Status Updates**

All Stanislaus County healthcare providers should maintain status updates and monitor facility status information under the “Stanislaus” view in EMResource.

**a. EMS/PH Duty Officers / MHOAC**

When activated, the MVEMSA Duty Officer, Public Health Duty Officer, and MHOAC should update status in EMResource, and provide current contact information (phone, fax, etc.) in the Comments section.

**b. EOC/DOC/HCC**

When Hospital Command Centers (HCC), the MVEMSA DOC, or Stanislaus EOC Medical/Health Branch are activated, the respective status should be updated in EMResource to “activated,” Current contact information (phone, fax, etc.) should be entered under the Comments section.

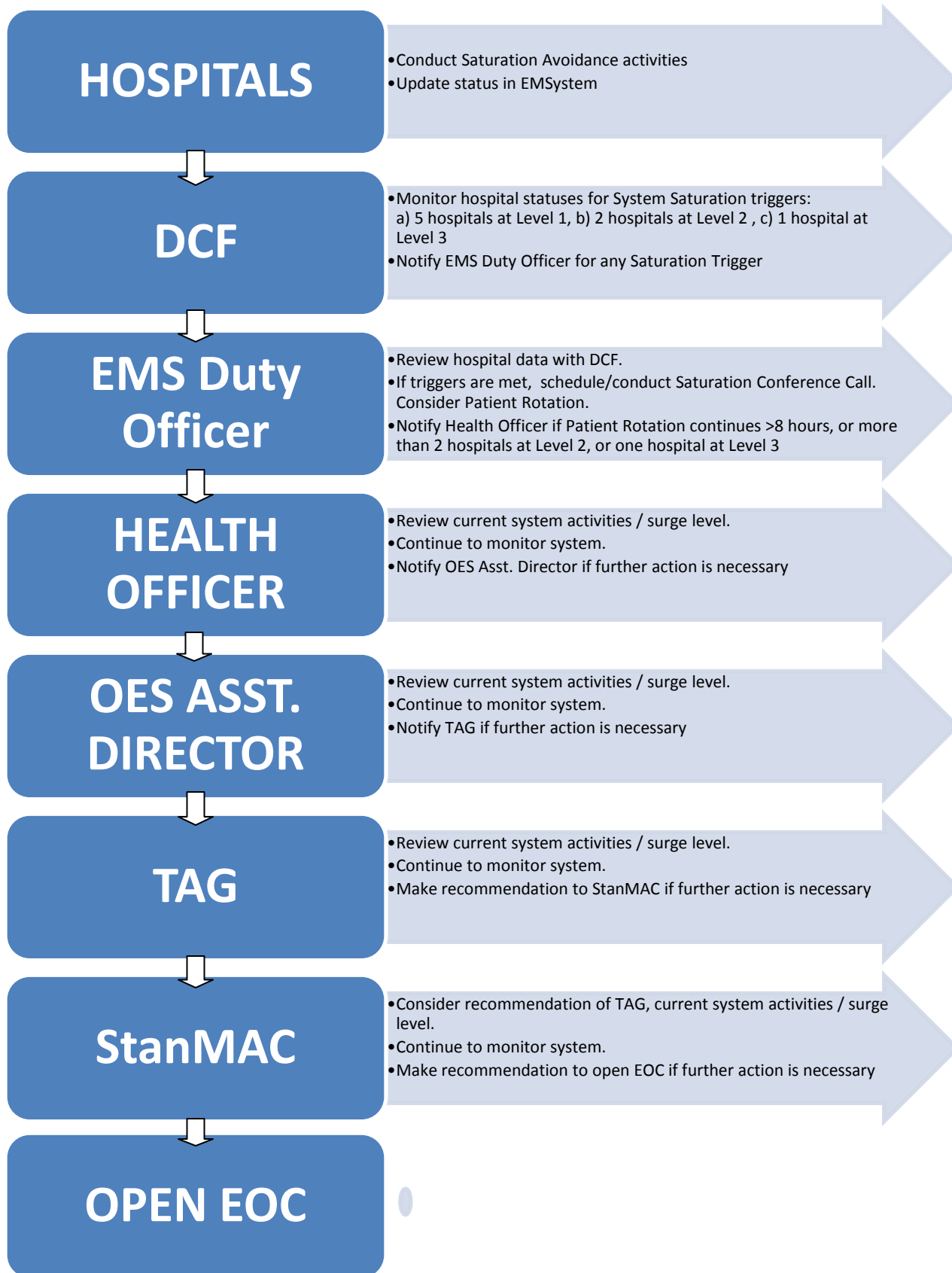
**c. 911 Receiving Hospitals**

Facility statuses for all 911 Receiving Hospitals (Emergency Departments) may

be monitored from the “Stanislaus” view in EMResource.

- d. **Specialty Hospitals**  
Other facilities providing acute care services within Stanislaus County are listed under the Stanislaus view. The facility status should be updated to “activated,” when asked to participate in disaster operations. Additionally, current contact information (phone, fax, etc.) should be listed under the Comments section of the facility status.
  
- e. **Skilled Nursing Facilities**  
When requested to participate in disaster operations, each facility should update and maintain the facility status information, including current bed availability when requested.
  
- f. **Clinics**  
When requested to participate in disaster operations, each facility should update and maintain the facility status information.

H. Medical-Health Surge Plan Notification Process



Appendix A

Hospital Internal Surge Levels

Hospitals within Stanislaus County will be considered as having met the following Hospital Internal Surge Level when two or more of the respective triggers have been met.

<b>Level</b>	<b>Trigger</b>	<b>DMC</b>	<b>MMC</b>	<b>KPM</b>	<b>EMC</b>	<b>OVHD</b>
<b>1</b>	# of simultaneous ED patients or (trauma) within 60 minutes	10 or (3)	10 or (2)	4 or (1)	4 or (1)	3 or (1)
	Hours of ED wait time	>4	>4	>2	>2	>2
	# of ED patients within 4 hours	30	30	20	20	10
	# of admissions, greater than hospital licensed bed capacity	10	10	8	4	1
	Estimated hours before exhaustion of Critical hospital supplies	48	72	48	48	48
	% of facility staffing shortage	15	15	10	10	5
	Horizontal Evacuation within facility	Yes	Yes	Yes	Yes	Yes
<b>2</b>	# of simultaneous ED patients or (trauma) within 60 minutes	20 or (5)	20 or (4)	6 or (2)	6 or (1)	5 or (1)
	Hours of ED wait time	6	6	4	4	4
	# of ED patients within 4 hours	45	45	30	25	7
	# of admissions, greater than hospital licensed bed capacity	20	20	10	7	2
	Estimated hours before exhaustion of Critical hospital supplies	48	48	48	48	48
	% of facility staffing shortage	25	25	15	15	10
	# hours of Level 1 internal surge	>6	>6	>6	>6	>6
<b>3</b>	# of simultaneous ED patients or (trauma) within 60 minutes	30 or (6)	30 or (6)	10 or (3)	7	7
	Hours of ED wait time	8	8	6	6	8
	# of ED patients within 4 hours	50	50	40	30	15
	# of admissions, greater than hospital licensed bed capacity	20	20	15	10	5
	Estimated hours before exhaustion of Critical hospital supplies	--	--	--	--	--
	% of facility staffing shortage	40	Labor pool	16	16	20
	# hours of Level 2 internal surge	24	24	24	24	24