HOSPITAL MASS CASUALTY
SURGE PROTOCOL
(INCLUDES PARTICIPATING CLINIC GROUPS)
DRAFT
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**Revision Listing:**

- 05/10/2006 – Draft Approved by MMRS Medical Health Subcommittee
- 05/18/2006 – Revision Draft with General Indications for Surge Levels
- 05/25/2006 – Finalized Version
- 06/10/2008 – Revision Draft to incorporate participating clinic groups
  Pending------ Draft Approved by Disaster Medical Planning Group
HOSPITAL MASS CASUALTY SURGE PROTOCOL

I. PURPOSE:

As healthcare providers and community leaders, the hospitals and participating clinic groups of Kern County 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 and participating clinic groups 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.

The Hospital Mass Casualty Surge Protocol provides standardized local guidance that was collaboratively developed and shall be used by adoption or integration by participating healthcare facilities in their disaster responses.

Hospitals and participating clinic groups have adopted the Hospital Incident Command System (HICS) standard as a mitigation strategy. HICS serves as the Kern County healthcare facility operations response structure during 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 healthcare facility 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 and participating clinic groups in collaboratively managing an event with a large number of people seeking emergent and/or acute medical assistance, at the location of the hospital or clinic, or the defined hospital zone, following a mass casualty event. The Hospital Mass Casualty Surge Protocol consists of a number of procedures designed to mitigate those situations that most likely disrupt normal healthcare facility operations. Each mitigation measure is designed to assure availability of resources for the continuation and appropriate placement of patient care during a medical disaster. The protocol is designed to comply with applicable codes and regulations.

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/coordinate 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 disaster plans.

E. Scheduled drills and actual implementations of the Hospital Mass Casualty Surge Protocol provide opportunities to observe staff performance and to identify areas for improvement.

IV. OBJECTIVES:

A. Each protocol implementation, 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 protocol implementation, drill, or exercise shall be followed by an After Action Report (AAR). The AAR will be distributed to the Hospital/Clinic 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/Clinics are primarily responsible for initial training of staff and maintenance of competency. The Department will assist with staff training when possible.

C. Each hospital/clinic will conduct an annual evaluation of the objectives, scope, performance, and effectiveness of the protocol and report the results to the Hospital/Clinic Safety Committee and Kern County EMS Department. The EMS Department will aggregate the results and provide a report to the Disaster Medical Planning Group.

V. PROCESSES OF THE HOSPITAL MASS CASUALTY SURGE PROTOCOL:

A. Activation of the protocol will be initiated by a Med-Alert notice by EMS On-call staff. 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/participating clinic groups by Kern County EMS Department. Hospitals/participating clinic groups activate command centers and internal disaster plans in accordance with their 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/Clinic Command Centers.

- Activate Hospital/Clinic Command Center.
- Determine if facility lockdown or restricted access is necessary.
- Determine if consolidation of resources 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 discharges.

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 significantly escalate.

**SURGE TWO** – At Surge Two, the mass casualty event is escalating and requires further mobilization of resources. Hospitals/participating clinic groups prepare to accept a surge of mass casualties. Surge Two is designed to address the healthcare 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 significantly escalate.

**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 the facility 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 areas.
- Mobilize external holding (post treatment monitoring) areas.
- Mobilize external discharge areas.
- Mobilize external morgue if 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 significantly escalate.
SURGE FOUR – The Kern County EMS Department in coordination with hospitals/participating clinic groups will expand external operations to include full mobilization of the Mass Casualty Hospital Zoning System. The Kern County EMS Department will coordinate the delivery of needed resources to hospitals/participating clinic groups and other external casualty staging locations. Hospitals/participating clinic groups and Kern County EMS Department will plan for transportation of patients out of the affected area. Hospitals/participating clinic groups 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 additional casualty staging areas with prehospital resources.
- Establish communications between Hospital/Clinic Command Center and other casualty staging areas.
- Assign available resources to casualty staging areas based upon prioritized needs.
- Each Hospital/Clinic Command Center communicates with the EMS DOC regarding casualty staging area situation status and resource needs.
- Refer Green Tag triage category patients to casualty staging area(s).
- Receive Red and Yellow Tag triage category patients from casualty staging areas.
- Plan for all necessary patient transportation, inside or outside 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 significantly escalate.

B. Based on the type of incident or event, the EMS DOC may set 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 mitigation measures, 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.

C. The EMS DOC may set a countywide uniform surge level or different surge levels for specific hospitals/participating clinic groups or mass casualty hospital zones.

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