

Section 3.7 Modified 911 EMS Responses

Minor and/or major modifications of the standard EMS responses may be necessary to maintain the sound operations of the entire EMS system during a sizeable MCI event. An example of a *minor* modification includes suspending diversion until the incident response is closed out.

Any decision to do a major modification of the standard 911 medical responses must be authorized by the EMS Agency Medical Director in consultation with the Director of Health, the SFFD Chief and the leadership of the affected EMS providers. Part 1 Standard Operating Procedures lists the potential modifications to EMS responses. Below are examples of possible *major* modifications to EMS response that may be invoked during a MCI.

Potential Modified Responses during a Level 2 MCI Alert

- ALS ambulances dispatched only to Code 3 calls.
- BLS ambulances dispatched to Code 2 calls.
- First Responder dispatched to Code 2 calls.
- Consider activating alternate transport vehicles.

Potential Modified Responses during a Level 3 MCI Alert

- BLS Ambulance dispatched to only Code 3 calls.
- First Responder dispatched to only Code 2 calls.
- No response to Code 2 calls.
- Consider activating alternate transport vehicles.

Section 3.8 Hospital Operations

All San Francisco hospitals will surge their patient care operations through their pre-planned activities to accommodate MCI patients. Hospitals may surge their internal capacity by setting up alternate care areas through the re-purposing of current patient care sites or by setting up disaster tents on the hospital property.

At no time should more than one hospital staff person communicate with the DEC about the receipt of MCI patients. **The Emergency Department Charge Nurse is the designated Point-of-Contact for all MCI Alerts.** This designation may be transferred to Hospital Command Center staff during large, protracted incidents extending for several operational periods.

Hospitals will communicate to DEC through Reddinet. If Reddinet is not functioning, DEC will directly contact hospitals via the radio for bed availability. Landline telephones may provide backup communications in the event the radio is not functional. Satellite phones may also be considered for backup communications.