

Section 3.20 Emergency Declarations – Invoking Austere Medical Care Standards

3.20.1 Definition and Intent

Austere Medical Care is a modified standard of care provided during disaster situations when medical resources, supplies and / or medical personnel are extremely limited or unavailable.

The goal of a modified standard of care is to provide a basic (austere) level of medical care that is less time and resource intensive. By modifying the standard of care to a more basic (austere) level, fewer medical resources are provided to an individual person, but instead are distributed to a greater number of individuals in a given population. The intent of austere medical care standards is to attempt to do the most good for the greatest number of people during a disaster situation.

3.20.2 Authorization and Limitations

In San Francisco, austere care only applies to EMS field care. It does not affect in-patient hospital services. Austere medical care is only used in situations of extreme resource shortage resulting from a catastrophic event. Field personnel should consider requests for authorization of Austere Medical Care Standards when the situation is completely overwhelming local resources and the possibility of receiving mutual aid resources are remote.

Requests for authorization of Austere Medical Care Standards must be routed through the chain of command. Austere medical care in the pre-hospital environment is authorized only by the **County Health Officer or, in his/her absence, the Deputy Health Officer**. Authorization of the use of austere medical care will be communicated through the Incident Command System.

3.20.3 How to Perform Austere Care

The San Francisco EMS Agency Protocol 11.01 Austere Care is the approved guideline for austere care in the pre-hospital environment. Refer to that protocol for further details. EMS Agency Protocol 11.01 Austere Care does NOT apply to in-hospital care.

Section 3.21 Demobilization

Demobilization will not be covered in this MCI Plan. For incidents in San Francisco, demobilization plans will be developed and disseminated through the EOC or delegated to the relevant DOC when operations for an incident response cease. San Francisco EMS responders deployed in mutual aid response will be released from their assignment according to the incident demobilization plan developed by the original responder agency that requested mutual aid.