

WHEN UTILIZED: When the incident requires a response greater than the normal standard response\* for that ambulance agency.

\* Standard Response:

San Ramon Valley Fire - 2 ambulances

American Medical Response – 1 ambulance

Moraga Fire - 1 ambulance

## FIELD PROCEDURE

### I. DEFINITIONS

- A. Incident Commander: Commanding Law Enforcement Officer
- B. Rescue Supervisor: Commanding Fire Department Officer
- C. Medical Supervisor: Designated crew member of first-in ambulance

### II. COMMAND AND CONTROL

- A. An Incident Medical Supervisor shall be designated, (herein referred to as Medical Supervisor), radio designation, “Medical”.
- B. An agency designated crew member of the first-in ambulance shall report to the Rescue Supervisor to receive incident briefing, incident name and request designation as the Incident Medical Supervisor. (Role of Medical Supervisor may be assumed by higher agency authority.)
  - 1. Responsibilities of the Medical Supervisor shall be organization, control and coordination of on-scene medical care activities, (triage, treatment and transportation). These activities may include:
    - a) coordinating with first responders who have initiated medical care,
    - b) Notifying the Rescue Supervisor of the need for additional resources including ambulances.
    - c) establishing communications with the appropriate base hospital, (JMMC for trauma).
    - d) providing the base hospital with patient information,
    - e) obtaining transportation destination determination from the base hospital,
    - f) appraising the Rescue Supervisor of the plan for patient treatment and transport in addition to providing status reports of progress.
    - g) completing the Expanded Medical Emergency Patient Log.
    - h) initiating a request for implementation of Medical Advisory Alert if the number of victims has the potential to increase.
    - i) initiating a request to Rescue Supervisor for implementation of Multi-Casualty Incident Plan and use of formal triage procedures, if incident warrants.

Treatment) method of evaluation. CPR shall be initiated on patients in cardiopulmonary arrest who do not exhibit signs of obvious death only if there are sufficient numbers of rescuers to adequately manage the total number and type of casualties on the scene.

2. After initial triage, if indicated and time permits, all victims shall be fully evaluated and treated utilizing ALS skills allowed prior to base contact.
  - a) Additional orders shall be obtained by the transport crews from the base hospital handling the call.
3. A patient care record must be completed on all patients assessed, including those determined dead-on-scene.

#### B. Transport

1. The base hospital shall provide destination for patients transported by ground. In the absence of a destination provided by the base hospital, the Medical Supervisor shall assign destinations using the Expanded Medical Emergency Destination Determination Guide; (attached).
2. The Medical Supervisor shall relay destination determination received from base hospital to transport units. (Base hospital shall notify receiving hospitals regarding incoming patients and give patient report.) If patient transport is via helicopter, the Medical Supervisor shall obtain helicopter destination from air transport crew and relay destination to base hospital.
3. The Medical Supervisor shall give the patient identification number obtained from the Expanded Medical Emergency Patient Log to the transport crew prior to patient transport. This number is used for identification purposes by the transport crew in all communications with the receiving hospital and shall be noted on the PCR.

### IV. COMMUNICATIONS

A. The Medical Supervisor shall contact only one base hospital. Contact is established for the purpose of:

1. destination determination,
2. patient tracking,
3. obtaining additional treatment orders.

B. Information given to the base hospital in the initial contact should include:

1. incident location
2. incident name/Medical\*, example; “*Sun Valley/Medical*”, or “*680/Medical*”.  
\* Medical refers to the radio designation of the Medical Supervisor, NOT to the type of call.
3. incident description (fire, haz-mat, MVA etc.),
4. number of victims and initial estimate of severity.

transport crew):

1. shall notify the base hospital that the last of the patients has been transported,
2. shall document the number of and patient dispositions of all incident victims,
3. shall assure the base hospital has all information needed to complete the Expanded Medical Emergency Patient Log including information on patients determined dead on-scene,
4. shall assure that a copy of the Expanded Medical Emergency Incident Log completed in the field is forwarded to the involved base hospital and the Incident Commander.

**CONTRA COSTA COUNTY  
EXPANDED MEDICAL EMERGENCY  
FIELD PATIENT LOG**

RESPONSE #: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_ hours

INCIDENT NAME: \_\_\_\_\_

MEDICAL SUPERVISOR: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

BASE/MICN: \_\_\_\_\_ / \_\_\_\_\_

ID #*	Age/Sex	Critical/ Non-critical/ DOA	Description of Injuries Level of Consciousness Pertinent Findings	Vital Signs	CRAMS	Trans- ported?	Unit #	Destination
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						

**Comments:** \_\_\_\_\_

\* Assign patient ID #'s base on patient severity (i.e., most critical patient is #1, etc.)

**CONTRA COSTA COUNTY  
EXPANDED MEDICAL EMERGENCY  
FIELD PATIENT LOG**

- CONTINUED -

ID #*	Age/Sex	Critical/ Non-critical/ DOA	Description of Injuries Level of Consciousness Pertinent Findings	Vital Signs	CRAMS	Trans- ported?	Unit #	Destination
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						

**Comments:**

\* Assign patient ID #'s base on patient severity (i.e., most critical patient is #1, etc.)

To provide consistency in patient reporting and tracking.  
To maximize the use of resources and receiving facility specialty services.

WHEN UTILIZED: When the incident requires a response greater than the normal standard response\* for that ambulance agency.

- \* Standard Response:
  - San Ramon Valley Fire -2 ambulances
  - American Medical Response -1 ambulance
  - Moraga Fire -1 ambulance

### BASE HOSPITAL PROCEDURE

1. An Incident Medical Supervisor shall be designated in the field, (herein referred to as Medical Supervisor), whose radio designation is “Medical”.

The incident shall be named by the Incident Commander, “incident name/Medical\*”. For example, “*Sun Valley/Medical*”, or, “*680/Medical*”.

\*Medical refers to the radio designation of the Medical Supervisor, NOT to the type of call.

2. When a call is received from the Incident Medical Supervisor establishing an Expanded Medical Emergency, one MICN shall be dedicated to maintain communication with the Medical Supervisor until all patients have been transported. If the MICN must be relieved, a thorough report must be given to the on-coming MICN to avoid the necessity of repetition of field information.
3. Information to be obtained includes:
  - a. Incident location and incident name,
  - b. Incident description (fire, haz-mat, MVA etc.),
  - c. Number of victims and initial estimate of severity.
4. Initiate survey of appropriate receiving facilities to determine the number and type (critical/non-critical) of patients the facilities are able to receive. (*See Destination Determination Guide*). Hospital Status Log is provided.
5. Obtain *brief* but specific information for each patient. Patient information shall include the following and shall be documented on the Expanded Medical Emergency Patient Log:
  - a. Patient identification number,
  - b. age/sex,
  - c. Description of injuries including severity,
  - d. Level of consciousness,
  - e. Vital signs (BTLS/PHTLS vital signs and CRAMS if trauma).

- c. notify each facility originally contacted that patient transport is completed,
  - d. verify number, status and disposition of patients received with those facilities having received patients.
9. Upon notification that incident has escalated, and that the MCI Plan is implemented:
- a. prepare for contact by Sheriffs Dispatch.
  - b. submit data regarding patients already transported and receiving hospital capability to Sheriffs Dispatch; (FAX copies of *Expanded Medical Emergency Patient Log* and *Hospital Status Log*, as completed prior to the initiation of the MCI Plan, to:
    - 1). Sheriffs Dispatch: **FAX 646-1380**; verify receipt of **FAX. Phone 646-2441.**
  - c. verify that Sheriffs Dispatch is assuming responsibility for patient destination determination,
  - d. redirect field requests for patient destination determination to Sheriffs Dispatch. e. notify the Medical Supervisor that the Multi-Casualty Plan has been implemented.

\*\*\*\*\*

## **BASE HOSPITAL EXPANDED MEDICAL EMERGENCY**

### **DESTINATION DETERMINATION GUIDE**

1. **If transport time** is reasonable, consideration should be given to triaging the most critical trauma patients to in-county and/or Alameda County trauma centers including Children's Hospital for pediatric trauma.
  - a. After trauma center resources have been exhausted, the next critical trauma patients will be transported to the closest Basic Emergency Departments distributing patients evenly within a geographic area. \*
2. Non-trauma critical patients will be transported to the closest Basic Emergency Departments, distributing patients evenly with in a geographic area. \*
3. Ambulance units with critical and non-critical patients on board will be routed to receiving hospitals as noted above.
4. Ambulance units transporting only non-critical patients will be routed to receiving facilities farther from the incident.
5. Patients with isolated bums, if not requiring stabilization at a closer facility, may be routed directly to burn centers, eg. Doctor's San Pablo, Alta Bates or Eden.

2. Non-trauma critical patients will be transported to the closest Basic Emergency Departments, distributing patients evenly within a geographic area. \*
3. Ambulance units with critical and non-critical patients on board will be routed to receiving hospitals as noted above.
4. Ambulance units transporting only non-critical patients will be routed to receiving facilities farther from the incident.
5. Patients with isolated lums, if not requiring stabilization at a closer facility, may be routed directly to lum centers, eg. Doctor's San Pablo, Alta Bates or Eden.

**CONTRA COSTA COUNTY  
EXPANDED MEDICAL EMERGENCY  
FIELD PATIENT LOG**

RESPONSE #: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_ hours

INCIDENT NAME: \_\_\_\_\_

MEDICAL SUPERVISOR: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

BASE/MICN: \_\_\_\_\_ / \_\_\_\_\_

ID #*	Age/Sex	Critical/ Non-critical/ DOA	Description of Injuries Level of Consciousness Pertinent Findings	Vital Signs	CRAMS	Trans- ported?	Unit #	Destination
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						

**Comments:** \_\_\_\_\_

\* Assign patient ID #'s base on patient severity (i.e., most critical patient is #1, etc.)

**CONTRA COSTA COUNTY  
EXPANDED MEDICAL EMERGENCY  
FIELD PATIENT LOG**

- CONTINUED -

ID #*	Age/Sex	Critical/ Non-critical/ DOA	Description of Injuries Level of Consciousness Pertinent Findings	Vital Signs	CRAMS	Trans- ported?	Unit #	Destination
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						
	M F	C N D						

**Comments:**

\* Assign patient ID #'s base on patient severity (i.e., most critical patient is #1, etc.)

San Pablo  
(Burn Center)  
ED (510)235-2100  
Main (510)235-7000

**Contra Costa Regional Med Ctr.**  
Martinez  
ED (925)370-5170  
Main (925)370-5000

ED (925)798-5033  
Main (925)682-8200

**John Muir Med Ctr** (Helipad)  
Walnut Creek  
(Trauma Center)  
ED (925)939-5804  
Main (925)939-3000

**Kaiser Walnut Creek**  
Walnut Creek  
ED (925)295-4820  
Main (925)295-4000

**San Ramon Reg Med Ctr**  
San Ramon  
ED (925)275-8338  
Main (925)275-9200

ED (925)798-5033  
Main (925)682-8200

---

**Out of County Burn Centers**

Alta Bates – Berkeley  
ED (510)540-0337  
Main (510)540-1573

Eden Hospital – Castro Valley  
ED (510)889-5015  
Main (510)537-1234

---

**Out of County Trauma Centers**

**Highland Hospital** - Oakland  
ED (510)261-9275  
Main (510)534-8055

**Eden Hospital** – Castro Valley  
ED (510)889-5015  
Main (510)537-1234

**Children’s Hospital** – Oakland  
(Pediatric Trauma Center)  
ED (510)428-3240  
Main (510)428-3000