



INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

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LOCAL MEDICAL EMERGENCY

I. PURPOSE

To provide guidelines to emergency medical services (EMS) field personnel regarding the treatment and transportation of patients during a declared Local Medical Emergency.

II. POLICY

EMS field personnel shall follow the procedures and guidelines outlined below regarding the treatment and transportation of patients during a declared Local Medical Emergency.

III. PROCEDURES

The following procedures shall apply during a Local Medical Emergency:

- A public safety agency of the affected jurisdiction shall notify the San Bernardino County Communications Center (Comm Center) of the proclamation of a local emergency, and shall provide information specifying the geographical area that the proclamation affects.
- The Comm Center shall notify:
 - The County Health Officer/Designee.
 - ICEMA Duty Officer.
 - The County Sheriff's Department.
 - Area EMS providers.
 - Area hospitals.
- This policy shall remain in effect for the duration of the declared Local Medical Emergency or until rescinded by the Medical and Health Operational Area Coordinator (MHOAC) which can be the County Health Officer and/or the ICEMA EMS Administrator or his/her designee.

IV. MEDICAL CONTROL

- EMS field personnel (BLS, LALS and ALS) may function within their Scope of Practice as established in the ICEMA Policy, Procedure, and Protocol Manual without base hospital contact.
- No care will be given unless the scene is secured and safe for EMS field personnel.
- Transporting EMS providers may utilize BLS units for patient transport as dictated by transport resource availability. In cases where no ambulance units are available, EMS field personnel will utilize the most appropriate method of transportation at their disposal.
- Patients too unstable to be transported outside the affected area should be transferred to the closest secured appropriate facility.
- Comm Center should be contacted on the 700/800 MHz system for patient destination by

the transporting unit.

- Base hospital contact criteria outlined in ICEMA Reference #3040 - Radio Communication, may be suspended by the ICEMA Medical Director. EMS providers will be notified. Receiving hospitals should be contacted with following information once en route:
 - Estimated time of arrival (ETA).
 - Number of patients.
 - Patient status: Immediate, delayed or minor.
 - Brief description of injury.
 - Treatment initiated.

V. DOCUMENTATION

EMS field personnel (first responder and transport) may utilize Cal Chiefs' approved triage tags as the minimum documentation requirement. The following conditions will apply:

- One section to be kept by the jurisdictional public safety agency. A patient transport log will also be kept indicating time, incident number, patient number (triage tag), and receiving hospital.
- One section to be retained by the transporting EMS provider. A patient log will also be maintained indicating time, incident number, patient number (triage tag) and receiving hospital.
- Remaining portion of triage tag to accompany patient to receiving hospital which is to be entered into the patient's medical record.
- All Radio Communication Failure reports may be suspended for duration of the Local Medical Emergency.

All refusals of treatment and/or transport will be documented as scene safety allows.

VI. SAN BERNARDINO COUNTY COMMUNICATIONS CENTER

Comm Center will initiate a Multiple Casualty Incident (MCI) according to ICEMA Reference #8090 - Medical Response to a Multiple Casualty Incident. This information will be coordinated with appropriate fire/rescue zone dispatch centers and medical unit leaders in the field as needed.

VII. RESPONSIBILITIES OF THE RECEIVING HOSPITALS

- Receiving hospitals upon notification by the Comm Center of a declared Local Medical Emergency will provide hospital bed availability and Emergency Department capabilities for immediate and delayed patients.
- Receiving hospitals will utilize ReddiNet to provide the Comm Center and ICEMA with hospital bed capacity status minimally every four (4) hours, upon request, or when capacities are reached.
- It is strongly recommended that receiving hospitals establish a triage area in order to

evaluate incoming emergency patients.

- In the event that incoming patients overload the service delivery capacity of the receiving hospital, it is recommended that the hospital consider implementing their disaster surge plan.
- Saturated hospitals may request evacuation of stable inpatients. Movement of these patients should be coordinated by County Emergency Operations Center (EOC) and in accordance with local disaster response plans and if necessary, National Disaster Medical System categories.

VIII. REFERENCES

<u>Number</u>	<u>Name</u>
3040	Radio Communication
8080	Medical Response to a Multiple Casualty Incident