

Surge Planning Checklist - 2017

(Knowing is not enough; we must apply. Willing is not enough, we must do. –Goethe)

In addition to MCI planning and training in today's environment EMS regions and agencies must be prepared to handle and manage incidents that may be on a very large scale expanding capabilities to the maximum. The following planning elements are essential to successful large scale incident outcomes and should be included in any Multi/Mass Casualty planning.

Incident Command:

- Agency routinely uses Incident Command (ICS) principles for Command
- Protocols for integration of other responding agencies into the command system structure included
- There is a clear decision making authority
- Procedures for implementing Unified Command (with law enforcement, hospitals, other EMS agencies)
- Roles and procedures are clearly defined and published (i.e. who reports to whom, triage method, etc.)
- Chain of Command is clear for EMS section

Responder Safety and Accountability:

- Agency had developed a formal way of tracking personnel arrival and departure
- Agency has developed a formal plan for briefing and debriefing responders
- Agency has developed and documented a formal plan for protection of responders (their agency/your agency, Statute or law, etc.)
- Well published procedures for all circumstance:
 - Natural Disasters
 - Terrorism including Mass Shooting
 - Bioterrorism
 - Chemical or Radiological
 - Other events
- Ensure appropriate protective resources and measures
 - Work/rest periods including proper hydration and nutrition
 - Vaccinations (how administered and to who)
 - Prophylaxis (how dispensed and to who)
 - Scene Safety
 - Proper and enough PPE for incident

- Agency had developed and documented a formal rehabilitation procedure for responders
- Methods for accounting for responders enroute, on scene, and those who return to their home jurisdiction or station

Requesting Resources (*outside of already defined mutual aid agreements*):

- Agency has developed plans to ensure resources are sufficient to ensure day-to-day operations during the MCI event
- All Agency local Mutual Aid agreements up-to-date and formalized
- Agency has developed agreements for alternative modes of transportation, if needed
 - Air Ambulances
 - Non-EMS transportation modes
 - Buses
 - Taxis
 - Other
- Agency has identified what resources are available locally/regionally
- Agency/jurisdiction knows how to access Statewide Mutual Aid Program
- Agency/jurisdiction knows how to access resources through the Emergency Assistance Compact

Maintenance of Supplies:

- Formal plan and agreement as to where extra equipment coming from
- Process to track incoming equipment
- Formal plan for replacing equipment, if needed
- Plan for storing and staging supplies during the incident
- Vehicle maintenance and refueling procedures included

Patient Tracking:

- Procedures for managing a large number of patients
- Procedures to involve hospitals in patient tracking
- Consider impact of transfer of care on alternate care facilities
- Procedures to work with family reunification efforts

Patient Triage and Transport:

- Agency has an identified method of triage
- Incident Management can ensure enough resources to get the job done in the minimum amount of time
 - o Ambulance Formula (Number of Ambulances Required) =

$\frac{(Total\ Number\ of\ Patients)(Time\ Required\ for\ Round\ Trip)}{(Total\ Time\ to\ Complete\ Operation)(Number\ of\ Patients\ per\ Ambulance)}$
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Example:

Total Number of Patients = 60

Time Required for Round-trip to Hospital = 60 minutes

Total Time to Complete Operations = 120 minutes

Number of Patients per Ambulance = 2

$$\frac{(60)(60) = 3600}{(120)(2) = 240}$$

$= 15\ Ambulances\ Needed$

- Alternate Standard of Care (if needed) is identified and formally approved by Medical Director

Interdisciplinary and multi-agency communication:

- Agency has a procedure to interface communication with responding resources from other agencies/jurisdictions
- Agency has a plan for communicating with other disciplines like Fire, Police, or Emergency Management, and outside resources, if needed
- Agency communications protocols documented and shared
- Regional or other radio caches identified
 - o Protocols for requests included

Training and Exercises

- Exercises developed for involvement of regional assets
- Regional partnership for plan development encouraged
- Training exercises are conducted on annual bases, at a minimum

Other Information:

From 2017-2022 Health Care Preparedness and Response Capabilities – Capability 4: Medical Surge – ASPR Office of the Assistant Secretary for Preparedness and Response – November 2016

“Goal of Capability 4: Health care organizations—including hospitals, EMS, and out-of-hospital providers—deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC’s collective resources, the HCC supports the health care delivery system’s transition to contingency and crisis surge response, and promotes a timely return to conventional standards of care as soon as possible.”

If agencies have questions or need help developing a plan they can contact:

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