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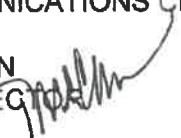
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TO: EMERGENCY RECEIVING CENTER (ERC) HOSPITALS
AMBULANCE PROVIDERS
911 PARAMEDIC PROVIDERS
HOSPITAL CEOs
BASE HOSPITAL COORDINATORS
CONTROL 1 SUPERVISORS
OCFA EMERGENCY COMMUNICATIONS CENTER

FROM: TAMMI McCONNELL, MSN, RN
ORANGE COUNTY EMS DIRECTOR 

SUBJECT: FIRE RESOURCES FOR ORANGE COUNTY HOSPITALS

This memo outlines the protocol for Orange County Hospitals to access Fire Resources to help support patient care during times of acute surge events. The option to utilize this protocol will be available until the end of the public health emergency.

I. Initiation of Request for Support

- A. Hospital notifies OCEMS Duty Officer requesting ambulance support for ED
 - 1. Triggers for this request could include:
 - a. At least 3 ambulances waiting on the ramp to off-load patients
 - b. 2 ambulances waiting at least 1 hour on the ramp to off-load patients
 - 2. If the Duty Officer agrees with request, will contact the Fire command center
- B. EMS Duty Officer reaches out to OCFA Emergency Communications Center (ECC)
 - 1. The ECC will either forward to the Dispatch Center having authority or will dispatch a Battalion Chief and engine company staffed with at least one Firefighter/Paramedic to the hospital making the request.
 - 2. The arriving resource (Battalion Chief or engine company) will assess the situation. The Incident Commander will determine the number of appropriate resources to be assigned and all local MCI protocols would be initiated as necessary.
- C. The Battalion Chief (IC) will communicate with the Hospital Liaison (HL). This individual can be a Registered Nurse or administrator employed by the hospital that is familiar with the request for aid from the Fire Department. They will be the primary hospital point of contact for the IC and will act as liaison between the ED staff and the EMS providers. Once both the IC and HL agree with the need for aid, Fire assets will be deployed.

II. Support to Hospital EDs

Fire-based EMS assets responding to hospital EDs will provide short-term assistance with, triage, treating, monitoring, and movement of patients from ambulances to appropriate surge flow areas. This allows hospital EDs to improve their resource supply/demand balance.

- A. Initial deployment shall be a minimum of 2 EMTs or 1 EMT and 1 paramedic.
 - 1. BLS patients can be cared for by EMTs
 - a. A team of 2 EMTs can supervise up to 4 BLS patients at a time.
 - 2. ALS patients must be cared for by a team composed of either an EMT and a paramedic or 2 paramedics.
 - a. A paramedic/EMT team can care for up to 2 ALS patients at a time
- B. The fire resource commitment will be as long as necessary to resolve the overflow and return the hospital to a manageable and reasonable APOT condition. This commitment may be reduced by mutual agreement between HL and fire incident commander (IC) if resources are no longer needed.
 - 1. Termination of fire support could occur at a point defined by one remaining BLS patient and no remaining ALS patients under supervision in the ARS.
- C. Fire responders will remain on site longer as long as necessary to return the APOT to a reasonable status as agreed upon by the Battalion Chief/IC and HL
- D. Patients may not be discharged home unless a screening exam is performed by hospital personnel or patient signs out AMA. EMTs/Paramedics will not engage in assess and refer activity.

III. Hospital Requirements

- A. Hospital must provide a structure to accommodate off-loaded ambulance patients that is climate controlled, has access to oxygen, and can support patients that require a recumbent position (gurney, cot, etc). This is referred to as the Ambulance Receiving Space (ARS).
 - 1. After patient off-loaded into ARS, these individuals are the medical responsibility of the hospital
- B. Hospital shall designate an individual to serve as HL. This person shall be the single point of contact for the Battalion Chief (IC) for purposes of communication with the ED and/or hospital, to request equipment to support patient care, or to address other issues.
- C. The IC (Battalion Chief) will have full authority of the commitment of onsite fire department resources and time for those resources spent on scene.

IV. Termination of Support

- A. Termination of support will be decided by the Incident Commander. However, the IC and HL both should discuss this decision after discussion.
- B. Suggested guidelines for support termination include:
 - 1. Reduction in number of BLS patients in ARS to 1
 - 2. Reduction in number of ALS patients to zero
 - 3. Improvement in ED's resource demands such that the HL is comfortable releasing the EMT/Paramedic crew regardless of the number or acuity of patients in the ARS.