MCI Field Operations Study Guide 2024

Module Four: Patient/Control Facility Interaction

Course Objectives:

- List several functions of the Control Facility
- List information needed by the Control Facility for distribution of patients
- Describe the sequence of communications between the Control Facility and the field Medical Communications Coordinator.
- Describe several principles unique to communications with the Control Facility.

California's system for patient distribution requires every Operational Area (OA) to have a Patient Distribution Center (Control Facility) designated by the local EMS Agency. This serves as the single point of contact for the regional and State Patient Distribution system to move patients outside the County or the Region.

- **The Control Facility is the single point of contact for receiving patients into the Operational Area from outside the OA.**

The Control Facility may be a Hospital, Dispatch Center, local Warning Center or other entity that has the staffing and capabilities to complete the assigned tasks on a 24/7/365 basis.

The event activates the Control Facility which then activates the MHOAC (Medical Health Operational Area Coordinator), out-of-County Control facilities, and Receiving Facilities.

The Purpose of the Control Facility:

- Direct patient distribution during an MCI
- Provide a single point of contact for the field Medical Communications Coordinator
- Support other Counties involved in patient distribution.

The Responsibility of the Control Facility:

- Assess and reports on the local ED (Emergency Department) and Hospital capabilities
- Coordinates the distribution of victims from local MCI's with the Operational Area
- Coordinates the distribution of victims from local MCI's to out-of-OA receiving facilities through the Regional Control Facility
- Coordinates the reception and distribution of patients evacuated to the OA from external incidents
- Coordinates with the MHOAC

- **The Control Facility communicates with the Medical Communications Coordinator**
- If receiving facilities are being used by another Control Facility to distribute patients, the Control Facility should contact the Regional Control Facility.

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Activation of the Control Facility:

- The CF may be activated by the ambulance enroute or EMS dispatch center for a local MCI
- Neighboring CF's for incidents exceeding the capacity of neighboring Counties
- The MHOAC
- Regional or State Patient Distribution Centers for assessing local capacities

- **The Control Facility is typically activated by the first unit enroute to an MCI.**
- **In addition to activation for local MCI's, the Control facility may be activated by the MHOAC, neighboring Control facilities, or the Regional or State Patient Distribution Center.**

Initial Control Facility Response:

When notified that an MCI has occurred, the Control Facility:

- Assigns staff to gather information from the event and provide information to receiving facilities
- Creates an MCI Event in the EMSystem to alert the receiving facilities and assess ED capacities
- Locates the MCI on maps and identifies receiving facilities within 30 minutes travel time for receiving the Immediate victims
- Maintains communication with the field Medical Communications Coordinator.

- **Immediate patients should be transported to facilities within 30 minutes of the scene.**
- The Control Facility utilizes facility maps to identify facilities within 30 minutes of the incident.

Upon activation, the Control Facility should get the following information:

- Location of the incident
- The name of the incident
- Level / type of the incident
- Approximate number of patients
- Type of transport resources available: ground/air ambulance, bus, etc
- Estimated time that triage is expected to be completed.

- **Upon activation, the Control Facility should receive the location/name/type of incident and an approximate number of patients.**

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Incident Level / Type:

- California medical incidents are categorized according to Level, Type site and duration to ensure clear and consistent incident descriptions

Types:

- MCI Trauma – multiple patients with injuries and/or burns
- MCI Hazmat – multiple patients within the release of toxic materials, and radioactive materials
- MCI Medical – multiple patients who have non-trauma, non-hazmat related injuries/illness

- An incident involving physical injuries and/or burns would be classified as an MCI Trauma.
- **An MCI from biological or environmental causes would be classified as an MCI Medical.**

- **The three MCI types are: Trauma, Hazmat and Medical.**

Levels:

- Level I Medical Incident – responding from the Operational Area only
- Level II Medical Incident – responding resources from or distribution of casualties to other Operational Areas within the mutual aid region of the impacted OA
- Level III Medical Incident – requires State or Federal response resources or distribution of patients beyond the mutual aid region using State or Federal systems/resources.

The EMSystem:

All Emergency Departments within the region have implemented the EMSystem web-based program as a method to share/receive real –time information.

The EMSystem functions include:

- Hospital ED status
- Trauma Center information
- Hospital bed tracking
- Alerting features

The EMSystem was developed in response to need for timely EMS /Public Health information, and is a user friendly application that requires only an internet connection and a computer using a current web browser: www. EMSYSTEM.com.

- **When notified that an MCI has occurred, the Control Facility assigns staff and creates an MCI Event in the EMSystem.**

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Receiving Facility Status Reports:

- Each receiving facility that is notified by the Control facility of an MCI completes a Receiving Facility Capacity Worksheet and reports their status immediately or within 5 minutes of the notification.
- Capacities are based on the available patient Teams:
    - Immediate Patient Team (one patient per Team)
        - ED physician
        - Surgeon (if Trauma)
        - 2 nurses
    - Delayed Patient Team (2 patients per Team)
        - ED physician
        - 2 nurses
    - Minor patients can often be directed to the ED waiting room for re-triage or possible alternative treatment areas

> ➢ **A Delayed Patient Team can treat 2 patients per Team.**

MCI Communication:

- **The Control Facility communicates with the Medical Communications Coordinator**
- The Field Medical Communications Coordinator may also be filling the role of Medical Group Supervisor or Patient Transportation Unit Leader
- The Medical Communications Coordinator should be identified by the incident name and the word “Medical”
- Control Facilities are referred-to by the County name and “Control”

> ➢ **While an MCI is in progress, regular EMS radio traffic is routed through the Control Facility**.

> ➢ **Control Facilities are identified by County name.**
> ➢ The Medical Communications Coordinator should be identified by the incident name and position.
> ➢ **When creating an MCI Event in the EMSystem, the incident name should be preceded with the incident location.**

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Information needed by the Control Facility:

- **Total number of patients by triage category**
- The Immediate should be categorized by:
  - Head – neuro-surgical intervention needed
  - Chest – thoracic surgical intervention needed
  - Abdomen – general surgeon needed
- Number and category of patients who are ready for transport
- Number and type of transport units available

> ➢ **In addition to triage category and injury type, pregnancy and pediatrics should be considered in patient destination.**

When notified by the Medical Communications Coordinator that triage is complete, the Control Facility documents patient information on a Patient Destination Worksheet.

- The Medical Communications Coordinator contacts the Control Facility to obtain patient distribution and mode of transport

> ➢ **The primary task to decide the type of transportation for each category of victim and where the victims should go is the Control Facility.**

- The Control Facility directs where to transport each patient based on the EMSystem using Patient Destination Guidelines
- The Control Facility must be advised when each unit departs the scene.

> ➢ **Once patients have departed the scene, the Medical Communications Coordinator is responsible for relaying Unit #, departure time and ETA.**

Immediate Patients:

- Should be sent to a destination that is within 30 minutes transport time when possible
- Trauma patients go to the nearest Trauma Center
- Pediatrics go t a Pediatric Center
- Delayed category can be directed to destinations within 60 minutes transport time
- Minor patients can be delayed if necessary

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Once the Scene is Cleared:

- Once all patients have been disbursed; the control Facility shall provide a final summary of the event to participating receiving facilities.
- The Control Facility then ends the event

> ➢ Printing the Receiving Facility Status Summary page allows the Control Facility to track and update facility capacities as patients are assigned.

Sequence of Events:

1. MCI Alert :
    a. The Control Facility is activated
    b. The Control facility creates an MCI Event
2. Medical Communications Coordinator reports triage is complete:
    a. Control Facility documents triage / injury for each patient
3. Medical Communications Coordinator reports patients are ready for transport:
    a. The Control Facility provides patient destinations
4. Medical Communications Coordinator reports departure time / transport unit / ETA:
    a. The Control Facility notifies receiving facilities of patient's destinations/time.

NOTE: Be sure to download your certificate BEFORE you leave the module!