(EMT, PARAMEDIC, HOSPITAL)

SUBJECT: **MOBILE MEDICAL SYSTEM DEPLOYMENT** REFERENCE NO. 1140

PURPOSE: To provide guidelines for the release and deployment of Emergency Medical Services (EMS) Agency Mobile Medical System (MoMS) during a disaster or mass casualty event.

DEFINITIONS:

1. **EMS AGENCY MOBILE MEDICAL SYSTEM (MoMS)** - The MoMS consists of a tractor-trailer facility and a tent facility. Each facility is self-contained and can be deployed independently of each other, either as a stand-alone treatment facility or at an existing treatment site such as a hospital.

   a. **TRAILER FACILITY:** The trailer (hard sided) facility consists of two 53 ft. trailers (one treatment trailer and one support trailer) towed by heavy duty commercial tractors. Each vehicle weighs approximately 86,000 lbs., with an overall length of 80 ft. and a turning radius of 90 ft. A minimum of 5,000 square feet of space is required to set up the trailer facility.

   The treatment trailer has three slide-outs that triple the trailer's width resulting in approximately 1,000 square feet of climate controlled treatment space. There are eleven treatment bays, four of which have cardiac monitors. There are two additional monitored beds in a procedure room. Available medical equipment and supplies include:
   - Portable digital x-ray
   - Cardiac monitor/defibrillators
   - Ventilators
   - Ultrasound
   - Bedside Laboratory Capability (CBC, blood chemistry, etc.)
   - Pharmaceutical cache
   - Medical oxygen piped to wall outlets
   - Wall suction

   The treatment trailer can also be configured with an overarching tent structure that provides approximately 6,500 square feet of weather protected (but not climate controlled) treatment or storage area. This space expands capacity for 200 additional cots. This facility, however, does not deploy with 200 additional cots.

   b. **TENT FACILITY:** The tent (soft sided) facility has a potential capacity of 100 patients on cots. There are four (4) 25-patient capacity tents that can be set up in 25-, 50-, 75-, or 100-bed configurations. Each tent is approximately 70 ft. x 20 ft. There is a generator for each tent that supplies electrical power and a climate control unit for heating and air conditioning. The 100-bed configuration requires approximately 70,000 square feet of space to set up.

APPROVED: Director, EMS Agency

Medical Director, EMS Agency

Available equipment includes:

- Portable cardiac monitor/defibrillators
- Bedside laboratory analysis
- Pharmaceutical cache
- Medical oxygen delivered to bedside regulators
- Portable suction

PRINCIPLES:

1. The EMS Agency maintains and stores the MoMS at the County Disaster Staging Facility.

2. The overall authority to deploy the MoMS rests with the EMS Agency, who will coordinate the response and deployment.

3. The MoMS is intended as a disaster recovery asset and should not be considered a rapid response unit. This is due to the time necessary to survey routing and set-up locations, assemble credentialed medical/support staff and integrate the MoMS into the existing healthcare infrastructure. The response and set up may be as long as 2-3 days.

4. In situations where the EMS Agency receives several requests, the EMS Agency shall deploy the MoMS (or parts thereof) to the area(s) of greatest need or benefit.

POLICY:

I. The MoMS may be deployed in the following capacities:

   A. Replacement infrastructure – at an existing healthcare site that is physically damaged but retains in-house staffing capabilities.

   B. Surge capacity supplement – at an existing healthcare facility that may have far exceeded its normal patient capacity where healthcare demands continue to rise.

   C. Stand-alone facility – in a parking lot or open space independent from any existing or supporting healthcare site.

   D. Pre-deployment asset – for a significant event or large gathering where there is a possibility of localized patient surge (i.e., Tournament of Roses, incident of national significance, etc.). Medical treatment staff and supplies may either be included in original deployment plan or may not be provided to the facility until after the patient surge has been realized and the EMS Agency has authorized a full deployment.

   E. Training and demonstration events – the trailer and/or tent facilities may be set up to maintain staff proficiency and to exhibit at health fair or public relations events.

II. Role of the EMS Agency

   A. Prioritize requests for deployment.

B. Send an advance team to assess the potential deployment site including routing, ingress and site plan. Work with deployment site managers regarding issues such as staffing, re-supply, security, communication, patient movement, etc.

C. Deliver the MoMS to the requested site and deploy to a state of readiness.

D. Coordinate with healthcare facilities and volunteer agencies to obtain the healthcare workers necessary to staff the MoMS appropriate to its mission.

E. Provide logistical support for the duration of deployment. This involves all mechanical/maintenance issues. Responsibility for re-supply of fuel and other consumables will be negotiated as part of the deployment plan.

F. Provide just-in-time training to medical/support staff regarding MoMS equipment and safety considerations.

G. If deployment of the MoMS alters traditional ambulance destinations and ETAs during a surge event, the EMS Agency will notify base hospitals and EMS providers of any alterations to traditional patient destinations and receiving facilities.

III. Role of LA County Departments

A. If available, the EMS Agency may request additional Commercial Driver's License Class "A" drivers to deliver the MoMS or to provide personnel for assistance with set up.

IV. Role of Base Hospitals

A. Note EMS Agency-authorized modifications to patient destinations as a result of the MoMS deployment and direct ambulance patients accordingly.

V. Role of LA County Provider Agencies

A. Note modifications that may occur to traditional patient destinations within the EMS system resulting from the MoMS deployment and transport patients based on temporary EMS Agency directives.

VI. Role of the Requesting Organization

A. Notify the EMS Agency via the MAC by telephone at (866) 940-4401 (select option #1 for an emergency call), ReddiNet, or HEAR of a possible patient surge event to request additional medical treatment resources. The healthcare facility shall provide the MAC with the following information:

a. Contact person (Incident Commander or Liaison Officer)
b. Hospital or healthcare site functionality
    i. Fully functional
        1. Surge capacity exceeded
    ii. Partially functional
        1. Damage (which department/s)
        2. Evacuation necessary

a. Numbers and types of patients

iii. Non-functional

1. Damage
2. Evacuation necessary

a. Numbers and types of patients

c. Support requested

i. Additional patient capacity

ii. Supplies

B. Meet with EMS Agency advance team prior to deployment of MoMS.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 502, **Patient Destination**
Ref. No. 519, **Management of Multiple Casualty Incidents**
Ref. No. 1102, **Disaster Resource Center (DRC) Designation and Mobilization**
Ref. No. 1104, **Disaster Pharmaceutical Caches Carried by Authorized ALS Providers**
Ref. No. 1106, **Mobilization of Local Pharmaceutical Caches (LPCs)**
Ref. No. 1122, **Bed Availability Reporting**