

SUBJECT: **MOBILE MEDICAL SYSTEM DEPLOYMENT  
DEPLOYMENT SUMMARY**

**PURPOSE:** To provide surge capacity when existing hospital resources are overwhelmed or incapacitated.

**I. DESCRIPTION:**

The Mobile Medical System (MoMS) consists of the following equipment:

1. Tractor/trailer facility; (2) 53 ft. tractor/trailers:
  - (1) **Treatment trailer:** 11 exam beds (4 monitored); 2 monitored procedure room surgical beds. All beds have suction, oxygen, blood pressure cuff and otoscope/ophthalmoscope.
  - (2) **Support trailer:** contains equipment used in treatment trailer (e.g., exam beds, portable digital x-ray, ramps, IV supplies, bandages, splints, PPE, O<sub>2</sub> masks, etc.).
2. Tent facility; (4) 32 ft. trailers each containing:
  - (1) **25 person tent facility:** heating, AC, lighting,
  - (2) **O<sub>2</sub> concentrators:** 120 liters/min. each, empty medical supply carts, 30 bed central monitoring station, bedside commode.

Note: Each facility is self-contained and can be deployed independently of each other, either as a stand-alone facility or at an existing treatment site such as a hospital.

**II. FOOTPRINT**

Equipment	Travel Mode	Operational Mode
Tractor/support trailer	79 ft. long, 102" wide	95 ft. long (ramp open) Weight = 65,000 lbs.
Tractor/treatment trailer	79 ft. long, 102" wide	110 ft. long, 20 ft. wide (slide outs and patient ramp) Weight = 86,000 lbs.
Tent facility with F350 truck	50 ft. long	
(1) 25-person tent		125 ft. x 75 ft. (with 20 ft. buffer zone for access)
(2) 100-person tent		60,000 sq. ft. (approx. size of a football field) May require stakes into asphalt
Full set-up (100-person tent w/ treatment & support trailer)		70,000 sq. ft.

**III. ACCESSIBILITY**

Deployment site requirements:

1. Must be accessible to large commercial vehicles.
2. Overhang or bridge height must be greater than 14 ft. 6 in.
3. Parking surface must be hard asphalt or concrete (no grass or bare earth foundations).
4. Parked vehicles must be removed from area.

#### **IV. REQUESTING RESOURCES**

The EMS Agency only provides logistical support for a MoMS deployment. This includes a team for initial set-up with one specialist provided to monitor mechanical systems 24 hours/day during the operational period. The requesting facility is responsible for providing the following:

1. A Resource Request Medical and Health that identifies a list of required equipment (specify which components of MoMS are being requested).
2. Medical and ancillary staff. Required staff that cannot be provided by the requesting facility may be obtained through a Resource Request Medical and Health.

**Emergency Request:** A resource request must be submitted to the DHS DOC to obtain the MoMS or any component thereof.

**Planned Event Request:** A planned event deployment request must be submitted at least two months in advance of the event scheduled date. Within three (3) days of the MoMS site assessment, the requesting facility must sign an MOU with the County regarding deliverables, indemnification, and insurance

#### **V. PROCEDURE**

1. **Deployment within Los Angeles County:** contact EMS Agency through Medical Alert Center or ReddiNet.
  - a. Indicate current facility status and capability.
  - b. Specify resource needs using an approved Resource Request form.
  - c. Provide name, call back number, and location for advance team meeting.
  - d. Any additional requests for resources during the operational period shall be made through the facility's hospital command center (HCC).
2. **Deployment outside of Los Angeles County:** use resource request process specified in CDPH/EMSA EOM.
  - a. Indicate current facility status and capability.
  - b. Specify resource needs using an approved Resource Request form.
  - c. Provide name, call back number, and location for advance team meeting.
  - d. Any additional requests for resources during the operational period shall be made through the through the MHOAC/RDMHC programs.

#### **VI. RESPONSE TIME FROM INITIAL RESOURCE REQUEST**

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The MoMS is not an immediate response asset (e.g., an ambulance).

**Within 6 hours:** Upon receipt of a resource request to the DHS DOC, an “Advance Team” will be dispatched to assess the needs of the requesting facility and inspect the deployment location. This team may consist of an administrator, physician, and a class “A” driver. This assessment should take no longer than 2 hours, after which the team may identify issues that need to be addressed or requirements that must be in order for the MoMS to be deployed.

**Within 8 hours:** The MoMS will be activated and deployed to identified location if it has been determined to meet deployment site requirements (driving time to facility is additional).

## **VII. WRAP-AROUND SERVICES**

The requesting facility must provide or contract for the following resources and services:

1. Fuel (diesel) – Treatment/support trailers have a capacity of 300 gallons diesel with a burn rate of six (6) gallons/hour; Tent generators (one per each 25-person tent) have a burn rate of 1.5 gallons/hour.
2. Water – Treatment trailer has 400 gallons of fresh water in the holding tank for hand washing; Support trailer has 100 gallons of fresh water in the holding tank for kitchen sink, restroom, and shower. Fresh water tanks can be refilled using garden hose.
3. Food service for patients and staff.
4. Linen/housekeeping – MoMS provides 1,000 disposable blankets, sheets, pillows for the tent cots. Linen is not provided for the exam beds in the treatment trailer.
5. Waste management – Grey water: Treatment trailer has a 200 gallon tank; Support trailer has a 40 gallon tank; Black water: Treatment trailer has a 200 gallon tank; Support trailer has a 60 gallon tank. Sharps and biohazards will be managed by requesting facility.
6. Site security -24/7.

## **VIII. SET-UP TIME**

Treatment and Support trailers: Two (2) hours with five (5) people.

Tent Facility (25-person tent): 12 hours with five to six (5-6) people.

## **IX. MOMS EQUIPMENT/SUPPLIES**

The MoMS will deploy with a limited amount of supplies and medical equipment. The following are carried with the intent to support an initial start-up for an alternate care site:

1. **Monitors:** (30) Welch Allyn central monitor station, (3) Philips Heartstart MRX monitor/defibrillators.
2. **IV pumps:** (6) Hospira Plum A+ pumps with approximately 100 IV cartridges.
3. **Pharmaceuticals:** Local pharmaceutical cache (see Ref. 1106.1 of the Prehospital Care Policy Manual).

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4. **Laboratory:** (3) i-STAT handheld bedside testing devices.
  5. **Oxygen:** Treatment trailer: (7) H tanks, liquid oxygen capable; Tent facility: (2) O<sub>2</sub> concentrators (120 L/min. each).
  6. **X-ray:** (1) MinXray portable digital x-ray machine with developer.
  7. **Ultrasound machine.**
  8. **Patient beds:** Treatment trailer (11 exam beds, 2 OR beds); tent facility (100) cots, (4) cribs, (4) gurneys.
  9. **Suction:** Treatment trailer: (1) at each bedside; Tent facility: (20) Laerdal suction units.
  10. **Miscellaneous:** Bandages, splints, IV start equip. with NS, O<sub>2</sub> masks, suction, gloves, etc.
  11. **Generators** for heat and air conditioning.

#### **X. ELECTRICAL/POWER**

1. Treatment trailer – Self-contained, 100 kW diesel generator located on each Volvo tractor.
2. Support trailer – Self-contained, 50 kW diesel generator on board.
3. Tent facility – 25 kW portable diesel generator with each 25-person tent.

#### **XI. TERMS OF USE**

The requesting facility will operate and maintain the MoMS as if it is part of their existing system. This includes organizational and functional areas such as scheduling workers, ordering supplies/equipment, running tests, and maintaining a clean and hazard free patient care environment.

The EMS Agency and requesting facility will coordinate for the demobilization and recovery aspects early in the deployment planning process.

If there are multiple requests for the MoMS unit, DHS DOC will determine the location of deployment.

#### **XII. COST AND REIMBURSEMENT**

1. DHS DOC, in coordination with the County Office of Emergency Management, will seek reimbursement through State and Federal disaster reimbursement programs after all costs and disaster related expenses have been calculated and documented.
2. Costs may be incurred for a disaster deployment or planned event and these costs may be passed on to the entity requesting the use of the MoMS on a case by case basis. The cost will be based on the approved County fees for MoMS deployment.