

PURPOSE: To establish minimum standards and provide guidelines for the development of a comprehensive emergency preparedness plan to enhance surge capacity at Trauma Centers (TC).

AUTHORITY: Pandemic and All-Hazards Preparedness Reauthorization Act of 2013,
Section 319C-1
Specialty Care Center Designation Exhibit for Hospital Preparedness
Program Participant, Exhibit A-2.4

DEFINITION:

Surge Capacity: The ability to quickly expand capacity and capability beyond normal operations to meet an increased demand for medical care in the event of a multiple casualty incident (MCI), bioterrorism, or other large-scale public health emergencies.

PRINCIPLES:

1. TCs have a significant role in the healthcare community's response to terrorist incidents or natural disasters involving multiple casualties.
2. TCs shall have a comprehensive emergency preparedness plan that includes all essential hospital departments to maximize surge capacity to receive up to 20 critical patients.
3. Emergency preparedness plans shall be a scalable, all-hazards approach with emphasis on management of multiple casualties with traumatic injuries.
4. Emergency preparedness plans shall provide for sustainability of the facility.
5. Functional exercise shall be conducted annually. Corrective measures must be implemented in a timely manner to address deficiencies identified during the exercise.
6. TCs shall adopt a Hospital Incident Command System (HICS) that is compliant with the National Incident Management System (NIMS) and integrate the NIMS Implementation Activities for Hospitals and Healthcare Systems.

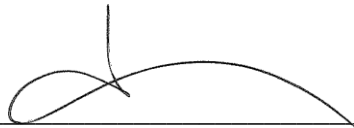
POLICY:

TCs shall develop a comprehensive emergency preparedness plan that addresses the following critical elements incorporating guidance set forth in the "Los Angeles County Medical and Health Operational Area Coordination Program: Healthcare Surge Planning Guide and Los Angeles County Emergency Services Agency Communication Plan.":

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REVISED: 04-01-25
SUPERSEDES: 01-01-21

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APPROVED: 
Director, EMS Agency


Medical Director, EMS Agency

- I. Triage – Develop a hospital triage system to identify patients needing intensive care or surgery and patients who can be downgraded from intensive care, transferred to other healthcare facilities, or discharged.
- II. Surge Beds – Pre-identify physical space for expansion of intensive care and non-critical services and establish procedures to expand bed capacity for intensive care and general medical-surgical patients.
- III. Personnel – Designate hospital personnel and establish procedures to manage the TC's emergency response.
 - A. Trauma Surge Coordinator – Responsible for the development, implementation, evaluation, and maintenance of all aspects of the TC Emergency Preparedness Plan. The Trauma Surge Coordinator shall participate in the overall emergency preparedness activities of the TC including but not limited to providing on-going trauma and burn surge training to personnel.
 - B. Support staff – Enhance staffing by implementing surge strategies such as utilizing registry agencies, reassigning administrative clinical staff to clinical settings and accepting licensed professionals from volunteer agencies
 - C. Develop and maintain decontamination capabilities consistent with the Specialty Care Center Designation Exhibit for Hospital Preparedness Program Participant.
- IV. Training – Conduct annual training on emergency preparedness for TC personnel and medical staff. Training shall include participation in a functional disaster exercises.
- V. Equipment and Supplies – Establish a process for procurement, storage, and management of the following trauma equipment and supplies sufficient to accommodate a surge:
 - A. Monitoring equipment with EKG, oxygen saturation, and invasive and non-invasive pressure monitoring capabilities
 - B. Ventilators
 - C. Portable ultrasound machine
 - D. Point-of-Care analyzers
 - E. Intravenous fluids and pumps
 - F. Blood products and volume expanders
 - G. Pharmaceuticals required for critically injured patients
- VI. Communications – TCs shall have secure and redundant communication systems that allow connectivity to other TCs, healthcare facilities, and emergency response agencies. Each TC must implement, maintain, update, and regularly test a staff mass notification system which incorporates a response group for trauma team activation.

- VII. Patient Tracking - In conjunction with Los Angeles County's regional patient tracking program, participate in the patient identification and family reunification plan.
- VIII. Security – Develop policies and procedures to secure the TC and manage the influx of victims, family members, and the press. These procedures will be implemented to prevent the obstruction of patient care delivery.

CROSS REFERENCES:

Prehospital Care Manual:

- Ref. No. 504, **Trauma Patient Destination**
- Ref. No. 506, **Trauma Triage**
- Ref. No. 519, **Management of Multiple Casualty Incidents**
- Ref. No. 1102, **Disaster Resource Center (DRC) Designation and Mobilization**

**Los Angeles County Medical and Health Operational Area Coordination Program:
Healthcare Surge Planning Guide
Los Angeles County Emergency Services Agency Communication Plan**