

SUBJECT: **MOBILE MEDICAL SYSTEM DEPLOYMENT**

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:

MOBILE MEDICAL SYSTEM (MoMS): The MoMS consists of all mobile assets that can assist with a surge event. This includes; tents, generators, portable medical equipment, and HVACs. These mobile assets can be deployed independently of each other, either as a stand-alone alternate care site or augment an existing treatment site such as a hospital.

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


POLICY:

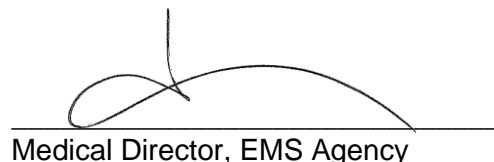
- I. The MoMS may be deployed in the following capacities:
 - A. **Replacement infrastructure** – at an existing hospital that is physically damaged but retains in-house staffing capabilities.
 - B. **Surge capacity supplement** – at an existing hospital that may have far exceeded its normal patient capacity where healthcare demands continue to rise.
 - C. **Alternate Care Site** – in an open space independent from any existing or supporting hospital.
 - 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 medical supplies will be the responsibility of the requesting hospital.

EFFECTIVE: 06-04-10
REVISED: 01-01-24
SUPERSEDES: 10-01-20

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APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

NOTE: A pre-deployment request must be submitted at least two months in advance of the event scheduled date and approved by the EMS Agency.

- E. Training and demonstration events –MoMS components may be set up to maintain staff proficiency, or to exhibit at public relations events, such as health fairs.

II. Role of the EMS Agency

- A. Prioritize requests for deployment.
- B. Work with requesting hospital site managers regarding issues such as staffing, re-supply, security, communication, patient movement, etc.
- C. Deliver the MoMS to the requested site and assist with deployment.
- D. Provide logistical support for the duration of deployment. This involves all mechanical/maintenance issues.
- E. Provide just-in-time training to medical/support staff regarding MoMS equipment and safety considerations.
- F. If deployment of the MoMS alters traditional ambulance destinations and transport times 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 Base Hospitals

Direct patient destinations in accordance with any patient destination alterations, as directed by the EMS Agency.

IV. Role of LA County Provider Agencies

Transport patients in accordance with any patient destination alterations, as directed by the EMS Agency.

V. Role of the Requesting Hospital

- A. Real event –
 - a. Submit a Resource Request via ReddiNet
 - b. If no response within 15 minutes - Notify the EMS Agency via the MAC by telephone at (562) 378-1789 ReddiNet, or VMED28 of a possible patient surge event to request additional medical treatment resources.
 - c. The hospital shall provide the MAC with the following information:
 - i. Contact person (Incident Commander or Liaison Officer), include call back number and email address

ii. Hospital Service Level, which should be one of the following:

- 1) Modified Services (orange)-Some assistance needed
- 2) Limited Services (red)- Significant assistance needed

NOTE: Normal operations (green), Under Control (yellow) and No Services (black) would not warrant deployment of MoMS components.

iii. Support requested

- 1) Tents
- 2) Heating, Ventilation, and Air Conditioning units (HVAC)
- 3) Generators
- 4) Ventilators
- 5) Portable suction machines
- 6) Cardiac monitors/defibrillators
- 7) IV pumps
- 8) Oxygen Concentrators (Bottle Fill)
- 9) Cots
- 10) Gurneys
- 11) Bedside lab equipment

B. Meet with EMS Agency team when MoMS assets arrive.

- a. Identify area for equipment drop off prior to arrival
- b. Provide staff to operate the equipment and receive Just-in-Time Training
- c. Review deployment requirements
- d. Sign for receipt of equipment and deployment requirements acknowledgement
- e. Review demobilization requirements

C. Provide wrap-around services such as:

- i. Fuel (diesel)
- ii. Site security
- iii. Site safety
- iv. Medical equipment and supplies as necessary
- v. Staffing

D. Maintain equipment per instructions provided by EMS Agency

E. Coordinate Demobilizations per instructions provide by the EMS Agency

NOTE: 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 assets on a case-by-case basis.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 502, **Patient Destination**

Ref. No. 519, **Management of Multiple Casualty Incidents**