

Annex C – Medical Surge

A. Prehospital and Hospital Surge Coordination and Management

1. If a NPHCC hospital needs assistance with triage and/or the diversion of patients to other facilities, the NPHCC call-down will be initiated (see Attachment 1), as well as the NPHCC Hospital Mutual Aid Agreement.
2. The NPHCC Coordinator or designee will act as a liaison between the hospital needing additional assistance and the hospitals able to give assistance
3. The NPHCC Coordinator or designee will coordinate with hospitals, emergency management, and EMS, as needed, to ensure adequate and timely transportation of patients from one facility to another or from prehospital to hospital.
4. It is the responsibility of the hospital in need of assistance to initiate contact with NPHCC and to work with NPHCC and other hospitals or organizations to provide for their personnel, equipment, and other needs.

B. Immediate Bed Availability (IBA)

1. IBA – Ability to provide no less than 20% availability of staffed beds (among coalition hospitals) within 4 hours of a disaster will increase our HCC’ ability to create medical surge capacity for both “no notice” and slower evolving disasters (see Annex A— *Forward Movement of Patients*).
2. IBA’s 4 pillars:
 - a. Continuous monitoring across the health system
 - b. Off-loading patients who are at low risk for problematic events through reverse triage.
 - Most hospitals in the NPHCC region have signed a mutual aid agreement.
 - NPHCC Steering Committee is currently working to include long-term care facilities in this MOU.
 - c. On-loading of patients from the disaster
 - Each hospital has their own surge plan
 - d. Documenting and tracking patient movement
 - HICS forms are used by hospitals and by NPHCC Coordinator

C. Resource Assessment

1. An assessment of available resources to manage the surge will be conducted in accordance with the NPHCC Preparedness Strategy (see Annex W)

D. Resource Request Process

1. Resources will be requested following the request process as outlined in Annex E— *Resource Management Plan*.

E. Surge Resources

1. Cache Supplies (see Attachment 3)
2. Mobile Medical Assets (see Annex B)

F. Risk Assessment

1. NPHCC will work on conducting risk-based estimates of potential surge

G. Resource de-confliction

1. Resource confliction can occur between NPHCC facilities.
2. NPHCC will work on developing a description or matrix of possible conflicting priorities
3. Red Cross, MRC, MMA, Decon trailer (how do we prioritize these?)