



# Inland Counties Emergency Medical Agency

1425 South D Street, San Bernardino, CA 92415-0060 ■ (909) 388-5823 ■ Fax (909) 388-5825 ■ www.icema.net

*Serving San Bernardino, Inyo, and Mono Counties*  
*Tom Lynch, EMS Administrator*  
*Reza Vaezazizi, MD, Medical Director*

**DATE:** April 9, 2020

**TO:** EMS Providers - ALS, LALS, BLS, EMS Aircraft  
Hospital CEOs, ED Directors, Nurse Managers and PLNs  
Health Preparedness Planning Partnership Members

**FROM:** Tom Lynch  
EMS Administrator

Reza Vaezazizi, MD  
Medical Director

**SUBJECT: COVID-19 RESPONSE INFORMATION**

ICEMA is certain that most of you are well into your own preparations and response to the Novel Coronavirus (COVID-19) that first appeared in China and has now migrated to the United States. The County of San Bernardino first became involved with COVID-19 with a local response to prepare for the repatriation of citizens from China in January and the County has not stopped running since. You are aware of the consequences that this virus poses for the health of our citizens and healthcare providers, this event is the most fluid and dynamic events that any of us have ever experienced.

The purpose of this memo is to provide additional information related to the County's medical response to COVID-19 and to highlight your role in it as it develops. The lessons we learn during this response will hopefully unite us and reinvigorate our commitment to each other and the community we serve.

## Public Health

The San Bernardino County Department of Public Health (DPH) has been busy in their preparations and response to COVID-19. The DOC has been operational with over 20 staff a day supporting planning, projects, activities, collection events, partners and DPH personnel. Over 329 DPH employees have been involved in COVID-19 activities with approximately 12,954 hours in the month of March. DPH has been active in two collection sites with 474 specimens collected. The DPH call center has received 3,574 calls since March 14<sup>th</sup>. The DOC is participating in the County Nursing Facilities Task Force to support senior and long-term care facilities for the safety of their residents

## Office of Emergency Services

The San Bernardino County Office of Emergency Services has been steadily working to support several COVID-19 initiatives since the end of January. This includes the response to the repatriation of citizens from Wuhan, China and the implementation of alternative care sites (ACS) in San

### BOARD OF DIRECTORS

Robert A. Lovingood  
First District

Janice Rutherford  
Second District

Dawn Rowe  
Third District

Curt Hagman  
Chairman  
Fourth District

Josie Gonzales  
Vice Chair  
Fifth District

Gary McBride  
Chief Executive Officer

## **COVID-19 RESPONSE INFORMATION**

April 9, 2020

Page 2

Bernardino County. This entails the movement and setup of resources for lodging and treatment as well as the ancillary wrap around services needed for any mass gatherings or assistance center.

### **Resources**

Everyone is aware that for the past couple of months there is a growing number of requests for the extremely limited supply of personal protective equipment (PPE), including masks, face guards, goggles, gowns, gloves, ventilators, testing kits, and other medical supplies. ICEMA, through the Medical Health Operational Area Coordinator (MHOAC) has been working with the Regional Disaster Medical Health Coordinator (RDMHS) and the State to procure these supplies and to distribute them widely and to as many healthcare providers as possible. To date, 19 hospitals, 123 non-hospital healthcare facilities, 30 EMS providers, 5 police departments and 10 County departments that are involved with patient care have received over half a million PPE supplies since the middle of March. The MHOAC continues to process resource requests as quickly as possible. All resource requests for medical/health supplies should be directed to the MHOAC through the ICEMA Duty Officer at [icemadutyofficer@cao.sbcounty.gov](mailto:icemadutyofficer@cao.sbcounty.gov).

Both the State and Federal stockpiles continue to provide PPEs. However, they are not unlimited in the capability to continue at the current pace. Therefore, all organizations should continue to pursue the acquisition of supplies through the normal supply chains and explore other options as well.

### **Medical Surge**

Using modeling programs developed during the H1N1 pandemic, ICEMA was able to provide some early modeling of the effects COVID-19 might have to the healthcare system. While the widespread numbers that were initially projected have not been seen yet, everyone expects the numbers of infected people and deaths will continue to rise.

Projections, even in a best case scenario are not encouraging. As a result, healthcare providers were encouraged to prepare for medical surge and hospitals, at the direction of the California Department of Public Health (CDPH), were asked to plan to expand their normal bed capacity by 45%. If hospitals are fully able to surge, this would create an additional number of beds at local hospitals that will still fall far short of the 6,000 - 10,000 beds potentially needed. Even with other healthcare facilities expanding similarly to accept additional patients from hospitals, the gap in the number of beds needed could still be overwhelming.

Over the years, the San Bernardino County Healthcare Coalition (HP3) was tasked to develop plans to help healthcare providers overwhelmed with the tremendous surge of patients we expect in situations like COVID-19. Many options have been explored with current planning efforts focused on addressing the demand for services at the source by maximizing the utilization of EMS resources in traditional and nontraditional ways and the subsequent direction of patients to alternate sites. These are discussed further below.

### **Emergency Directive**

On March 27, 2020, ICEMA entered into unified command with the San Bernardino County Fire Department and the Fire Operational Area Coordinator. As part of the unified command, ICEMA

## **COVID-19 RESPONSE INFORMATION**

April 9, 2020

Page 3

issued an emergency directive to maximize utilization of EMS resources. This directive establishes a tiered response using Emergency Medical Dispatch (EMD) and principles of dispatch developed by the International Academy of Emergency Dispatch (IAED). This plan is conditioned to a sustained surge in 9-1-1 call volume or a significant reduction in hospital availability and or EMS staffing. Recognizing that a surge in EMS parallels a surge in local healthcare facilities, at some point, the remaining EMS resources may be repositioned to Field Treatment Sites (FTS).

### **Field Treatment Sites**

Field Treatment Sites (FTSs) are used during an EMS response to a multiple casualty incidents when the number of patients and resources exceed capacity to treat and patients transport quickly. FTSs are authorized by the MHOAC at a location within their jurisdiction that is used for the assembly, triage, medical stabilization and subsequent transportation or evacuation. During COVID-19, the most likely location for the assembly of these patients is at the emergency department of the hospital or other care facility where patients seek treatment. As the medical surge continues to overburden the hospital beyond capacity, FTSs are designed to help defuse the impact on the hospital by providing a mechanism to triage, assess and release, and hold patients awaiting transport to other facilities or to other care sites.

EMS will establish FTSs at the or in proximity of hospital(s) when specific triggers are reached. Hospitals may also request an FTS. In either event, FTSs will be coordinated with the hospital(s). Triggers are tied to hospital surge similar to those for EMS were developed.

Hospitals must make provisions for any waivers for the screening, transfer or disposition of patients if an FTS is established at a hospital. Federal, State and local declarations of an emergency, have made this process much easier. However, there are still some requirements that the hospital should put in place to satisfy their compliance and legal concerns. A physician or other authorized individual can be assigned to the FTS to conduct any required medical screening exam (MSE) and help facilitate the care and disposition of the patient to another healthcare facility or the hospital. EMS field personnel at an FTS remain under the medical control of the ICEMA Medical Director or designee and will work in conjunction with the hospital staff. Triggers have been developed and resource and staffing plans are under development for the FTS.

### **Alternative Care Sites**

Alternative Care Sites (ACSs) are intended to help address the gap between surge capacity at hospitals and any additional patients that require medical services. Planning is currently underway for facilities in San Bernardino and Victorville that can be scaled to hold a significant number of patients and acuties. Additional ACSs will be identified in other locations as needed.

Medical care provided at the ACS is not dissimilar to that a patient might expect in med-surge or a step-down unit of the hospital and the patients anticipated for these sites are at the lower end of the acuity scale. While the provision of highest level of care is being planned and anticipated at the ACS, the resources, staff and conditions may eventually require a transition to austere or crisis standards of care. The ACSs may handle both COVID-19 positive and negative patients. FTSs, if set up at hospitals, can also provide the holding area for patients that are being transported to the

## COVID-19 RESPONSE INFORMATION

April 9, 2020

Page 4

ACS of other hospitals. While current provisions of the waivers allow transfer of patients to these facilities, hospitals are asked to include transfer procedures and policies in their response plans.

### **Waivers**

Waivers of Federal and State regulations are already in place as part of the Federal and State declarations. Among other things, they relax requirements for the transfer of patients, nurse to patient ratios, the redirection of patient to other locations like an ACS or FTS and how the medical screening exam is done. As noted above, hospitals must make their own interpretations, establish policies and make any further waiver request that are necessary.

ICEMA is requesting that hospitals assess the availability of nurses and other staff to support an ACS so beds availability at acute care hospitals can be maximized. Please provide information on staff availability to the [icemadutyofficer@cao.sbcounty.gov](mailto:icemadutyofficer@cao.sbcounty.gov) e-mail address by 5:00 pm, Monday, April 13, 2020.

In closing, ICEMA will continue to work with all hospitals and EMS providers to assess the status of the EMS system, receive and process medical resource requests and monitor the EMS system status for the need to implement triggers or other system modifications as the COVID-19 response unfolds.

If you have any questions, please do not hesitate to contact Ron Holk, RN, EMS/HPP Coordinator, at (909) 388-5808 or via e-mail at [ron.holk@cao.sbcounty.gov](mailto:ron.holk@cao.sbcounty.gov).

TL/RV/RH/jlm

c: Keven Porter, HASC  
File Copy