

# Southern Nevada Fire Operations STANDARD OPERATING PROCEDURES

## EMERGENCY OPERATIONS

Effective date: 07/27/2022

Supersedes: 02/22/2022

## HOSPITAL AREA COMMAND

DRAFT DATE 8-01-2022

SOP# SNFO-14

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## PURPOSE

The purpose of this procedure is to support area hospitals experiencing patient surge in the initial phases of a large Mass Casualty Incident (MCI).

## SCOPE

This procedure will apply to all area fire departments and will be compliant with the policies and procedures of all associated dispatch centers, Clark County Office Emergency Management (CCOEM), the Southern Nevada Health District (SNHD), and local area hospitals.

## RESPONSIBILITY

It will be the responsibility of all fire department members to comply with this SOP in the event of a confirmed MCI.

## POLICY

In the event of an MCI Level 3 or larger, one of the responding battalion chiefs will request that dispatch contacts another battalion chief (who is preferably in quarters and far away from the incident site) to establish HAC. Once established, the battalion chief serving as the HAC IC will request the response of an engine/truck company to the closest two hospitals and closest trauma center in relation to the location of the original MCI. HAC will support the needs of those company officers working at these locations.

## DEFINITIONS

Hospital Area Command:

Hospital Area Command is an Incident Command System (ICS) assignment that provides for a chief officer to oversee and support the resources used to assist a hospital(s) experiencing a patient surge during a Mass Casualty Incident (MCI). HAC will be utilized for all Level 3 and higher MCIs.

Emergency Medical Treatment & Labor Act (EMTALA):

EMTALA is a federal law requiring hospitals to provide a medical screening and stabilization to all patients and a physician-to-physician phone call prior to transporting a patient from one hospital to another.

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## PROCEDURES

Confirmation of an MCI will initiate a notification to all area hospitals by fire department dispatchers.

Triggers for activating HAC:

- Confirmation of a Level 3 MCI or higher (Greater than 25 patients).
- Request by a hospital.
- Request from any fire department company officer or chief officer.

Dispatchers shall assign a tactical channel for use by the HAC. It is recommended that the HAC IC (Incident Commander) has a resource added to assist them as an aide or deputy IC if they don't already have one.

### Crew Expectations

Upon arriving at an identified medical facility, crews shall:

- Meet with the hospital representative (charge nurse).
- Gather and provide a C.A.N. (conditions, actions, needs) to the hospital area commander. This information should include but not be limited to the following information:
  - o Number of patients.
  - o Types of injuries.
  - o Additional challenges (traffic, crowd control, security needs, movement of patients to other medical facilities, etc.)
- Provide patient triage /treatment (up to the scope of practice) allowed by SNHD protocol as directed by hospital representative.
- Assist with patient transport as directed by hospital representative.
- Request additional resources through the hospital area commander including private ambulance strike teams.

## ATTACHMENTS

Clark County Multi-Jurisdictional Mass Casualty Plan

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**REFERENCES**

SNFO Hostile Events Policy

**ORGANIZATIONAL CHART- SAMPLE**

