North Carolina Hospital Medical Surge Planning Scenarios

	Tier 1 (Local Medical Surge)	Tier 2 (SERT Coordinated)
Scenario 1 (best case)	Surge within the Acute Care Hospital Walls - exceeding liscensed bed capacity - Managed by Hospital EOC with support from County EOC / State EOC: **all hospitals requested to consider up to 30%**	X
Scenario 2 (average)	Surge within existing Healthcare Structures (Ambulatory Surgical Center, Closed Hospitals etc.) - Managed by Healthcare System EOC with support from County EOC / State EOC: **all systems requested to consider up to an additional 20%**	Surge within existing Healthcare Structures (Closed Hospitals, etc.) - Managed by SERT / State Medical Response System / DOD: **Sandhills Regional Medical Support Shelter Site; Triad Regional Hospital Surge Site**
Scenario 3 (worst case)	Medical Support Shelter / Field Hospitals - Managed by County EOC with support from County Leadership with support from State EOC: **Metrolina Regional Hospital Surge Site; Triangle Regional Hospital Surge Site; Mountain Area Medical Support Shelter Surge Site**	Medical Support Shelters / Field Hospitals - Managed by SERT / State Medical Response System / DOD: **Triangle Area Medical Support Shelter Site Contingency Planning Only**

Statewide Transportation Coordination - Based on movement of surge patients (non-critical patients that need to be moved to create space for surge or COVID patients need ICU/Vent level care) - patient transfer coordination will occur within hospital based on normal transfer process with increased coordination / visibility facilitated by ESF8 Desk. Space limitations based on ventilator/ICU needs when in short supply will be facilitated by ESF8 Desk. For Medical Support Shelters / Field Hospitals that are not utilizing EHR they will need to determine way to daily report census numbers to ESF8 Desk for patient placement. Pt placement team should be stood up 24/7 several days prior to situation being started.

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