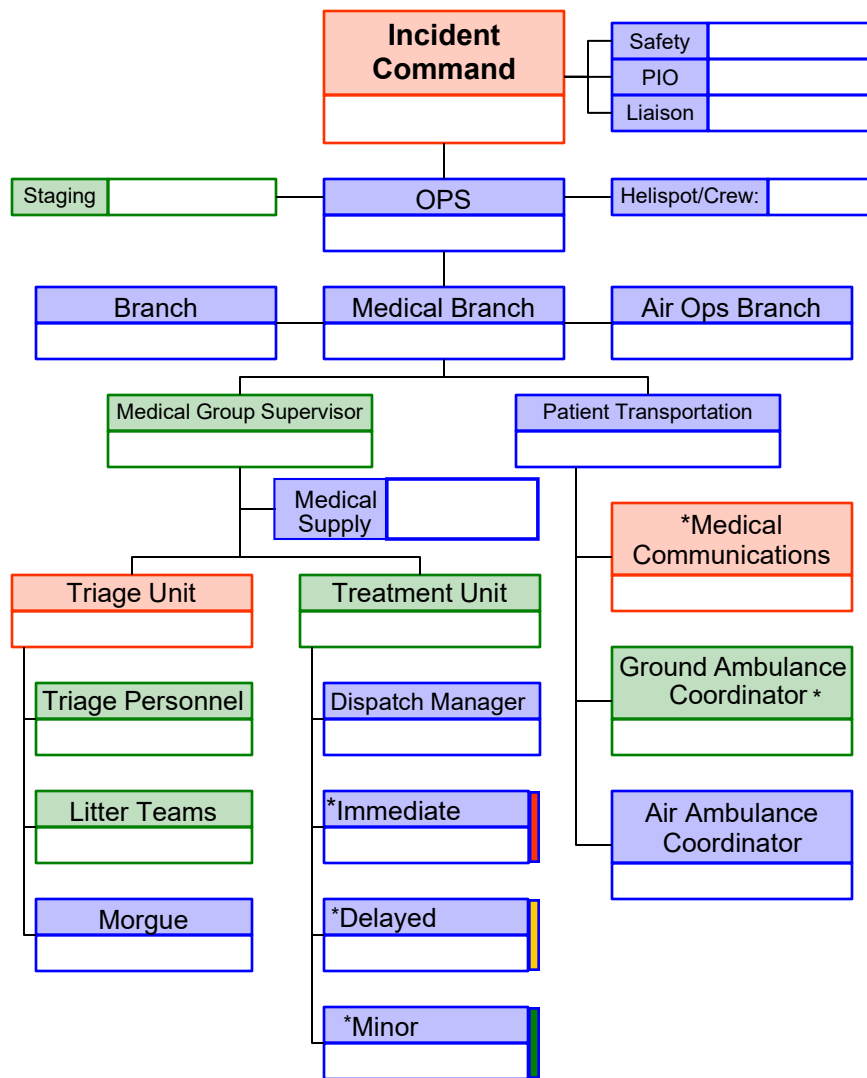


MULTIPLE PATIENT MANAGEMENT PLAN

COMMAND WORKSHEET



Level I: 6 - 10

Level II: 11 -35

Level III: >36

* Guideline Only - actual number of patients may vary

* positions require a recorder

- 1st Priority
- 2nd Priority
- 3rd Priority

Incident Information				
Incident Name: _____				
Location: _____				
ICP Location: _____				
Staging Location: _____				
Helispot Location: _____		Unit: _____		
Disp Time: _____		TB: _____		
Resources				
Units	Staged	Assignment	Avail	Re-assignment

Communications Plan			
Command: _____			
Tactical: _____			
Others: _____			
Number of Victims			
Immediate	Delayed	Minor	Morgue
Checklist			
Size Up Report			
<input type="checkbox"/> Initiate Activation <input type="checkbox"/> Life Safety Hazards <input type="checkbox"/> Terrorism?			
Assignments			
Follow Up Report			
<input type="checkbox"/> Incident Name / Assume Command <input type="checkbox"/> Command Post Location <input type="checkbox"/> Communications Plan <input type="checkbox"/> Additional Resources (see above) <ul style="list-style-type: none"> <input type="checkbox"/> Staging Location <input type="checkbox"/> Cross / Travel routes <input type="checkbox"/> Law Enforcement-ETA: _____ <ul style="list-style-type: none"> <input type="checkbox"/> Traffic Control <input type="checkbox"/> Evacuation <input type="checkbox"/> Crowd Control <input type="checkbox"/> Scene Security <input type="checkbox"/> Air Ambulance <input type="checkbox"/> Medical Cache <input type="checkbox"/> Move Ups <input type="checkbox"/> Status reports <input type="checkbox"/> MHOAC			
Additional Considerations			
<input type="checkbox"/> County notifications <input type="checkbox"/> PIO <input type="checkbox"/> USAR for extrication <input type="checkbox"/> Health Haz-Mat-ETA _____ <input type="checkbox"/> Health Department-ETA _____ <input type="checkbox"/> Rehab: _____ <input type="checkbox"/> Light Unit <input type="checkbox"/> Red Cross: #of Victims / Age / Sex <input type="checkbox"/> _____			

Med Comm - Field Patient Destination Tracking

Tag #	Category (I, D, M, X)	Age	Gender	Chief Complaint	Destination	Trans. Unit #	Trans. Time	Notes

Contact hospitals on MERA "HOSP" ROLL CALL: MarinHealth Kaiser Novato

Initial report to hospitals:

1. MCI
2. Location
3. Type of incident
4. Estimated # of patients
5. Estimated # of critical patients
6. Estimated next call to hospital

Advise hospital for each pt.:

1. Destination
2. Transporting unit
3. Age and Gender
4. Triage category
5. Triage tag #
6. Chief Complaint
7. ETA

Final Report:

1. Confirm all pt. dispositions
2. Clarify any information

CATEGORIES
I - Immediate
D - Delayed
M - Minor
X - Deceased

MED COMM – PATIENT ROUTING SHEET

Incident Name: _____ Date: _____ Time: _____.

HOSPITAL	First wave number of patients			Number of patients sent			Number of patients sent			Number of patients sent		
	I	D	M	I	D	M	I	D	M	I	D	M
KAISER SAN RAFAEL	2	3	6									
MARINHEALTH HOSPITAL	3	4	8									
NOVATO COMM. HOSPITAL	1	2	6									
Petaluma Valley* (707)778-2676	1	2										
SR Memorial* (707) 525-5207	2	3										
Sutter Santa Rosa* (707) 576-4040	1	2										
Kaiser Santa Rosa (707) 571-4800	1	2										
Sonoma Valley (707) 935-5100	1	2										
Queen of the Valley* (707) 257-4014	1	3										
Kaiser Vallejo (707) 651-4910												
Van Ness – CPMC	2	4	6									
ZSFG Trauma Center	10	4	6									
UCSF Parnassus	2	4	6									
Van Ness – CPMC	2	4	6									
SF Kaiser	2	4	6									
St. Francis Memorial	2	4	6									
Bernal - CPMC	2	4	6									
St. Mary's Medical Center	2	4	6									
Davies - CPMC	2	4	6									
(pediatric preferred) UCSF- Mission Bay*	2	4	6									

*Denotes Hospitals with Helipads

TRANSPORTATION GROUP SUPERVISOR - WORKSHEET
Marin County Emergency Medical Services System

Incident Name:

Date:

Time:

NUMBER OF VICTIMS REPORTED BY CATEGORY						AMBULANCES ATTACHED			
TIME	Immediate	Delayed	Minor	Deceased	TOTALS				

Position	Name
Medical Group Supervisor	
Patient Transportation Group Supervisor	
Ground Ambulance Coordinator	
Air Ambulance Coordinator	
Medical Communications Coordinator	

CRITICAL ACTIONS CHECKLIST
<p>These items are provided as reminders and do not replace standard ICS actions related to each position.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Move on-scene ambulances to appropriate MERA talk groups <input type="checkbox"/> Ascertain system 911 ambulance availability as soon as possible <input type="checkbox"/> Prepare information for relay by County Communications (send HAZMAT/decon. information, etc.) <input type="checkbox"/> Receive Assignment when on-scene (order additional ambulance resources after receiving assignment and if authorized by the IC or designee) <input type="checkbox"/> Consider recommending request for MCI Cache(s) (via the IC)

TRANSPORTATION GROUP SUPERVISOR - PATIENT STATUS SHEET

TAG NUMBER	CATEGORY I, D, M, X	CHIEF COMPLAINT	TRANSPORTING UNIT	TIME OF DEPARTURE	DESTINATION

- CATEGORIES**
 I - Immediate
 D - Delayed
 M - Minor
 X - Deceased

UNIT LOG ICS 214 (SEMS 2003)		1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. ORGANIZATION POSITION		5. LEADER NAME	6. OPERATIONAL PERIOD	
7. PERSONNEL ROSTER ASSIGNED				
NAME	ICS POSITION	HOME BASE		
8. ACTIVITY LOG (CONTINUE ON REVERSE)				
TIME	MAJOR EVENTS			
	9. PREPARED BY (NAME AND POSITION)			

MEDICAL PLAN	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD				
	5. INCIDENT MEDICAL AID STATIONS							
MEDICAL AID STATIONS	LOCATION	PARAMEDICS		YES	NO			
6. TRANSPORTATION								
A. AMBULANCE SERVICE								
NAME	ADDRESS	PHONE	PARAMEDICS		YES	NO		
B. INCIDENT AMBULANCES								
NAME	ADDRESS	PHONE	PARAMEDICS		YES	NO		
7. HOSPITALS								
NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GROUND		YES	NO	YES	NO
8. MEDICAL EMERGENCY PROCEDURES								
ICS 206 (SEMS 2003)		9. PREPARED BY (MEDICAL UNIT LEADER)			10. REVIEWED BY (SAFETY OFFICER)			