

# Marin County EMS Agency

## Multiple Patient Management Plan

### Attachment A Forms



***“Excellent Care – Every Patient, Every Time”***

January 2018





# PATIENT ROUTING WORKSHEET

## ACTIVATION LEVELS- Local MCI and Level 1

Incident Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

I = Immediate  
 D = Delayed  
 M = Minor

**Basic Guideline**

- Ambulances should transport to the hospitals most appropriate for patient condition.
- This table is for patients assigned to in-county hospitals; out-of-county patient destinations will be coordinated by the Coordinating Hospital.

HOSPITAL	ACTIVATION Local MCI STANDARD Number of Patients			ACTIVATION Local MCI ACTUAL Number of Patients			ACTIVATION Level 1 STANDARD Number of Patients			ACTIVATION Level 1 ACTUAL Number of Patients		
	I	D	M				I	D	M			
MARIN GENERAL HOSPITAL	1	1	2				2	2	4			
KAISER TERRA LINDA	1	1	2				2	2	4			
NOVATO COMMUNITY HOSPITAL	1	1	2				2	2	4			
<u>Other Facility</u>												
<u>Other Facility</u>												
<u>Other Facility</u>												
<u>Other Facility</u>												
<u>Other Facility</u>												
<b>TOTAL NUMBER OF PATIENTS TRANSPORTED</b>												

Prepared by: \_\_\_\_\_

# PATIENT ROUTING WORKSHEET ACTIVATION LEVELS 2 and 3

Incident Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Basic Guidelines**

- ReddiNet is used to query in-house acute care hospital availability – this form tracks the number of patients sent to each facility.
- Patient destination is coordinated by the MHOAC Program.
- This form may be used by Area Commands, individual incidents, or for countywide patient tracking.

HOSPITAL	TIME			TIME			TIME			TIME		
MARIN GENERAL HOSPITAL	I	D	M	I	D	M	I	D	M	I	D	M
KAISER TERRA LINDA	I	D	M	I	D	M	I	D	M	I	D	M
NOVATO COMMUNITY HOSPITAL	I	D	M	I	D	M	I	D	M	I	D	M
SANTA ROSA MEMORIAL HOSPITAL	I	D	M	I	D	M	I	D	M	I	D	M
JOHN MUIR MEDICAL CENTER	I	D	M	I	D	M	I	D	M	I	D	M
OAKLAND CHILDRENS HOSPITAL*	I	D	M	I	D	M	I	D	M	I	D	M
SAN FRANCISCO GENERAL HOSPITAL	I	D	M	I	D	M	I	D	M	I	D	M
QUEEN OF THE VALLEY HOSPITAL	I	D	M	I	D	M	I	D	M	I	D	M
CALIFORNIA PACIFIC MEDICAL CENTER	I	D	M	I	D	M	I	D	M	I	D	M
PETALUMA VALLEY HOSPITAL	I	D	M	I	D	M	I	D	M	I	D	M
PALM DRIVE HOSPITAL	I	D	M	I	D	M	I	D	M	I	D	M
SONOMA VALLEY HOSPITAL	I	D	M	I	D	M	I	D	M	I	D	M
SUTTER SANTA ROSA HOSPITAL	I	D	M	I	D	M	I	D	M	I	D	M
HOSPITAL (other)												
<b>Total Number of patients transported</b>												

Prepared by: \_\_\_\_\_



# PATIENT ROUTING WORKSHEET ACTIVATION LEVELS 2 and 3

Incident Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Basic Guidelines**

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HOSPITAL	TIME			TIME			TIME			TIME		
HOSPITAL (other)	I	D	M	I	D	M	I	D	M	I	D	M
HOSPITAL (other)	I	D	M	I	D	M	I	D	M	I	D	M
HOSPITAL (Other)	I	D	M	I	D	M	I	D	M	I	D	M
HOSPITAL (other)	I	D	M	I	D	M	I	D	M	I	D	M
HOSPITAL (other)	I	D	M	I	D	M	I	D	M	I	D	M
HOSPITAL (other)	I	D	M	I	D	M	I	D	M	I	D	M
HOSPITAL (other)	I	D	M	I	D	M	I	D	M	I	D	M
HOSPITAL (other)	I	D	M	I	D	M	I	D	M	I	D	M
HOSPITAL (other)	I	D	M	I	D	M	I	D	M	I	D	M
HOSPITAL (other)	I	D	M	I	D	M	I	D	M	I	D	M
HOSPITAL (other)	I	D	M	I	D	M	I	D	M	I	D	M
HOSPITAL (other)	I	D	M	I	D	M	I	D	M	I	D	M
HOSPITAL (other)	I	D	M	I	D	M	I	D	M	I	D	M
HOSPITAL (other)	I	D	M	I	D	M	I	D	M	I	D	M
HOSPITAL (other)	I	D	M	I	D	M	I	D	M	I	D	M
HOSPITAL (other)	I	D	M	I	D	M	I	D	M	I	D	M
HOSPITAL (other)	I	D	M	I	D	M	I	D	M	I	D	M
HOSPITAL (other)	I	D	M	I	D	M	I	D	M	I	D	M
HOSPITAL (other)	I	D	M	I	D	M	I	D	M	I	D	M
HOSPITAL (other)	I	D	M	I	D	M	I	D	M	I	D	M
HOSPITAL (other)	I	D	M	I	D	M	I	D	M	I	D	M

Prepared by: \_\_\_\_\_

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



**TRANSPORTATION GROUP SUPERVISOR - WORKSHEET**  
**Marin County Emergency Medical Services System**

Incident Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

NUMBER OF VICTIMS REPORTED BY TRIAGE PRIORITY						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**

These items are provided as reminders and do not replace standard ICS actions related to each position.

- Move on-scene ambulances to appropriate **MERA talk groups**
- Ascertain **system 911 ambulance availability as soon as possible**
- Attain **Hospital Status** (en route to incident, if possible)
- Prepare **information for relay** by County Communications (send HAZMAT/decon. information, hospital availability, etc.)
- Receive Assignment** when on-scene (order additional ambulance resources after receiving assignment and if authorized by the IC or designee)
- Provide a **Report on Conditions** to the LEMSAs Administrator, MHOAC or designee (provide follow-up as often as practicable)
- Consider recommending request for **MCI Cache(s)** (via the IC)

Prepared by: \_\_\_\_\_

