### Marin County EMS Agency

# Multiple Patient Management Plan

## Attachment A Forms



"Excellent Care – Every Patient, Every Time"

January 2018

#### Form #G€FÁT ÚT Ú AI @HPLE'D5 H=9BH'A5B5; 9A9BH'D@5B' **Communications Plan Incident Information** COMMAND WORKSHEET Command: \_\_\_\_\_\_, \_\_\_\_\_\_ Incident Name: Tactical: \_\_\_\_\_, \_\_\_\_, Incident Safety Location: Others: \_\_\_\_\_, \_\_\_\_ Command PIO ICP Location: **Number of Victims** Liaison Staging Location: Immediate Delaved Minor Morgue Helispot Location: Unit: Helispot/Crew: Staging **OPS** Disp Time: TB: Resources Victims **Engines** Ambulance | Air Ambulance Medical Branch Branch Air Ops Branch Units Staged Assignment Avail Re-assignment 5-10 3-5 2-4 1-2 11-15 5 5-7 2-3 Medical Group Supervisor **Patient Transportation** 15-20 7-10 3-4 8 11 21-30 10-12 4-5 31-50 14 12-15 5-6 Medical \*Medical Supply 51+ 14+ 15+ 6+ Communications Checklist Triage Unit Treatment Unit Size Up Report ■ Initiate Alert / ActivationÁ Ground Ambulance ■ Life Safety Hazards Coordinator \* Triage Personnel Dispatch Manager ☐ Terrorism? **Assignments Follow Up Report** ☐ Incident Name / Assume Command \*Immediate Litter Teams Air Ambulance □ Command Post Location Coordinator Communications Plan □ Additional Resources (see above) ■ Staging Location \*Delayed ☐ Cross / Travel routes Morgue ☐ Law Enforcement-ETA: \_\_\_\_\_ □ Traffic Control □ Crowd Control ■ Evacuation □ Scene Security \*Minor ☐ Air Off à læ}&^ ■ Medical Cache ■ Move Ups ☐ Status reports Local MCI - (6-15\*) **Additional Considerations** Level I - (16-50\*) ☐ Ô[ ` } c Ánotifications □ PIO Level II - (51-200\*) ■ USAR for extrication Level III - (> 200\*) ☐ Health Haz-Mat-ETA \_\_\_\_\_ ☐ Health Department-ETA \* Guideline Only - actual number of patients may vary 1st Priority □ Rehab: Light Unit 2nd Priority ☐ Red Cross: #of Victims / Age / Sex by positions require a recorder 3rd Priority

### **Field Patient Destination Tracking Form**

Page	_ of
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	MGH			KTL			Novato	)		SRMH	*	SI	Gener	ral		PVH*		Jo	hn Mu	ir*	Child	lren's (	Oak.*			
Immed	Delay	Minor	Immed	Delay	Minor	Immed	Delay	Minor	Immed	Delay	Minor	Immed	Delay	Minor	Immed	Delay	Minor	Immed	Delay	Minor	Immed	Delay	Minor	Immed	Delay	Minor

Tag #	Category (I, D, M, X)	Age	Sex	Chief Complaint	Dest.	Trans. Unit #	Time Out	Notes

#### Contact MGH on MERA "HOSP"

#### Initial report to Hospital:

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

Hosp. will advise which hosp. and types of patients each can take

#### Advise hospital for each pt.:

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

#### **Final Report:**

- 1. Confirm all pt. dispositions
- 2. Clarify any information
- 3. Name of Pt Dest. Coord.

Pt Dest. Hosp:	Hospital Channel: "Hosp"	I.C.:
Pt. Dest. Coord.:	Hospital Phone #:	Med. Comm.:

Tactical Channel:

\*Denotes Hospitals with Helipads

Date:\_

# 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.

	ACTIVATION		ACTIVATION			AC	TIVAT	ION	ACTIVATION			
	L	ocal M	CI	L	ocal M	CI		Level 1	1		Level 1	
HOSPITAL	ST	ANDA	RD	<i>I</i>	ACTUA	L	ST	ANDA	RD	P	CTUA	L
	N	Number of		N	Number of		Number of			Number of		
	I	Patient	s	F	Patients	S	F	Patient	s	Patients		
MARIN GENERAL	I	D	M				ı	D	M			
HOSPITAL	1	1	2				2	2	4			
KAISER TERRA	ı	D	M				ı	D	M			
LINDA	1	1	2				2	2	4			
NOVATO	ı	D	M				ı	D	M			
COMMUNITY	1	1	2				2	2	4			
HOSPITAL												
Other Facility												
Other Facility												
Other Facility												
<u>Other racinty</u>												
Other Feetlite												
Other Facility												
Other Facility												
TOTAL NUMBER												
OF PATIENTS												
TRANSPORTED												

Prepared by:	

# PATIENT ROUTING WORKSHEET ACTIVATION LEVELS 2 and 3

Incident Name:	Date:	_ Time:
Basic Guidelines		
<ul> <li>BoddiNet is used to query in hour</li> </ul>	ico couto coro boccital availabilit	y this form trocks the

- 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 <u>patient</u> tracking.

HOODITAL				1			1			TIME			
HOSPITAL		TIME			TIME	1		TIME	-		IIME		
MARIN GENERAL HOSPITAL	I	D	М	I	D	М	I	D	М	I	D	M	
KAISER TERRA LINDA	I	D	M	I	D	M	ı	D	М	I	D	M	
NOVATO COMMUNITY HOSPITAL	I	D	M	I	D	М	I	D	М	I	D	M	
SANTA ROSA MEMORIAL HOSPITAL	I	D	M	I	D	М	I	D	М	I	D	M	
JOHN MUIR MEDICAL CENTER	I	D	M	I	D	M	I	D	М	I	D	M	
OAKLAND CHILDRENS HOSPITAL*	I	D	M	I	D	М	I	D	М	I	D	M	
SAN FRANCISCO GENERAL HOSPITAL	I	D	M	I	D	М	I	D	М	I	D	M	
QUEEN OF THE VALLEY HOSPITAL	I	D	M	I	D	M	ı	D	М	ı	D	M	
CALIFORNIA PACIFIC MEDICAL CENTER	I	D	М	I	D	M	I	D	М	I	D	М	
PETALUMA VALLEY HOSPITAL	I	D	M	I	D	М	I	D	М	I	D	M	
PALM DRIVE HOSPITAL	I	D	M	I	D	M	I	D	М	ı	D	M	
SONOMA VALLEY HOSPITAL	I	D	M	_	D	М	I	D	М	ı	D	M	
SUTTER SANTA ROSA HOSPITAL	I	D	M	I	D	M	I	D	M	I	D	M	
HOSPITAL (other)													
Total Number of patients transported													

UNIT LOG		1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED						
ICS 214 (SEM	S 2003)									
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								

# PATIENT ROUTING WORKSHEET ACTIVATION LEVELS 2 and 3

Incident Name: _		Date:	_ Time:
Basic Guideline	<u>.</u> !S		

- ReddiNet is used to query in-house acute care hospital availability this form tracks the number of patients sent to each facility.
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HOSPITAL	TIME			TIME		TIME			TIME			
HOSPITAL (other)	I	D	М	I	D	М	I	D	М	I	D	М
HOSPITAL (other)	ı	D	М	I	D	М	I	D	М	I	D	М
HOSPITAL (Other)	ı	D	М	I	D	М	I	D	M	I	D	М
HOSPITAL (other)	ı	D	М	I	D	М	I	D	М	I	D	М
HOSPITAL (other)	I	D	М	I	D	М	I	D	М	I	D	М
HOSPITAL (other)	I	D	М	I	D	М	I	D	M	I	D	М
HOSPITAL (other)	I	D	М	I	D	М	I	D	М	I	D	М
HOSPITAL (other)	I	D	М	I	D	М	I	D	M	I	D	М
HOSPTAL (other)	I	D	М	I	D	М	I	D	M	I	D	М
HOSPITAL (other)	I	D	М	I	D	М	I	D	M	I	D	М
HOSPITAL (other)	I	D	М	I	D	М	I	D	M	I	D	М
HOSPITAL (other)	I	D	М	I	D	М	I	D	M	I	D	М
HOSPITAL (other)	I	D	М	I	D	М	I	D	М	I	D	М
HOSPITAL (other)	I	D	М	I	D	М	I	D	М	I	D	М
HOSPITAL (other)	I	D	М	I	D	М	I	D	М	I	D	М
HOSPITAL (other)	ı	D	М	I	D	М	I	D	М	I	D	М

Prepared by	<b>y</b> :	

MEDICAL	PLAN	1. INCIDENT NAME				2. DAT	E PREPARE	D 3	3. TIME PREPARED	4. OF	4. OPERATIONAL PERIOD		
				5. II	NCIDENT MEDIC	AL AID	STATIONS	•		•			
												PARAM	IEDICS
MEDICAL AID STATIONS							LO	CATIO	ON			YES	NO
					6. TRANSPO	ORTATIO	ON						
					A. AMBULAN	CE SER	/ICE						
	NAME				ADD	RESS			РН	PARAMEDICS			
												YES	NO
				l	B. INCIDENT A	MBULAI	NCES						
	NAME				ADD	RESS			PH	ONE		PARAM	
												YES	NO
					7. HOSF	ITA! C							
					7. HUSF	_	VEL TIME	1		HELI	DAD	BURN C	ENTED
NAME		ADDRESS		TRAVEL TIME AIR GROUND			PHONE	YES	NO	YES	NO		
			<u> </u>	8. ME	DICAL EMERGE	NCY PR	OCEDURES	l			l .	1	
						_							
ICS 206 (SEN	1S 2003)	9. PREPARED BY (MEDICAL UNIT LEADER)  10. REVIEWED BY (SAFETY OFFICE					ICER)						

### 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 Deceased **TOTALS** Minor **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 LEMSA Administrator, MHOAC or designee (provide follow-up as often as practicable) ☐ Consider recommending request for **MCI Cache(s)** (via the IC)

Prepared by:

#### TRANSPORTATION GROUP SUPERVISOR - PATIENT STATUS SHEET

Page \_\_\_\_ of \_\_\_\_

TAG NUMBER / NAME	PRIORITY I, D, M	PRIMARY INJURIES	UNIT TRANSPORTING	TIME OF DEPARTURE	HOSPITAL

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