

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

AMATEUR RADIO MCI ASSESSMENT FORM

HIGH PRIORITY TRAFFIC

WHEN AN MCI ASSESSMENT POLL OR ED CAPACITY IS REQUESTED,
THIS TAKES PRIORITY OVER ANY OTHER TRAFFIC.

DATE: _____ TIME: _____

INCIDENT: _____

When an ED CAPACITY POLL, or MCI POLL, (same thing) is requested:

1. Notify Hospital contact that the MAC is requesting an MCI Poll/ ED Capacity poll.
2. Ask for the ED Capacity/ How many Immediate, delayed, minor patients the Emergency Room can take from the incident.

| IMMEDIATE | DELAYED | MINOR |
|-----------|---------|-------|
| | | |

- 3 REPORT THE NUMBER RECEIVED TO THE MAC.
- 4 IF YOUR FACILITY IS TO RECEIVE PATIENTS FROM THE INCIDENT, YOU WILL BE NOTIFIED OVER THE AIR, REPORT THIS IMMEDIATELY TO YOUR CONTACT SO THEY MAY READY THE ER TO RECEIVE THE PATIENT(S)

| Patient Type | Patient | Transport Unit | Time Arrived |
|--------------|---------|----------------|--------------|
| | | | |
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5. Maintain this sheet until you hear that the INCIDENT IS WINDING DOWN.

One form is to be used for each separate Multi Casualty Incident.