SCCo Medical Health Branch -- HAvBed Report (Radio)

Radio Operator Only:	Origin Msg #:	Destination Msg #:

This Section to be Completed by Hospital Personnel:

Date:	Time (24hr):	Handling:	○ Immediate (ASAP)	○ Priority (<1 hr)	○ Routine (<2 hr)

T O	ICS Position:		**F R O M**	ICS Position:
	Location:			Location:
	Name			Name
	Contact Info:			Contact Info:

Hospital

Hospital Name:	

Command Center Status:	(Pick One)	○ Available (Green) ○ Not Activated (Green) ○ Drill/Exercise (Purple) ○ Monitoring (Orange)	○ Limited Activation (Red) ○ Full Activation (Red) ○ Unavailable (Red)

Bed Availability — Quantity / Status

Bed Availability	Quantity / Status	
Adult ICU:		
Burn:		
Medical/Surgical:		
Neg Flow Isolation:		
Operating Room:		
Pediatric ICU:		
Pediatrics:		
Psychiatric:		
Decon:	(Pick One)	○ Exceeded (Black) ○ Full (Red) ○ Inactive (Yellow) ○ Open (Green)
Vents:		

Comment:

Radio Operator Only:			
Relay From:		Relay To:	
Name:	Call Sign:	Date:	Time (24hr):

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SCCo Medical Health Branch – HAvBed Report

Purpose: The SCCo Medical Health Branch HAvBed Report is used to respond to a HAvBed query via radio when access to EMResource is not available (on either end of the connection).

Instructions for Hospitals:

Field	Instructions
Date	<u>Required</u>. Enter the date created.
Time	<u>Required</u>. Enter the time created. Use 24-hour time.
Handling	<u>Required</u>. Select one. Form HAvBed, typically: Immediate. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	
ICS Position	<u>Required</u>. Enter the ICS position name. For HAvBed, typically: EMS Unit
Location	<u>Required</u>. Enter the location. For HAvBed, typically: "MHJOC" if it is open, otherwise "County EOC"
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the sender/recipient.
Hospital Name	<u>Required</u>. Enter the name of the hospital
Cmd Center Status	<u>Required</u>. Select one of the values shown.
Bed Availability	
Various Bed Types	<u>Required</u>. Enter a number.
Decon	<u>Required</u>. Select one.
Comments	Optional. Enter any additional information that may be helpful.

Instructions for Radio Operators:

Write your local message number on the form in case it becomes separated from this routing slip.
Fields are numbered in the order they should be sent over the air.

Field	Instructions
Origin Msg #	<u>Required</u>. Enter the message number of the original sending station.
Destination Msg #	<u>Required</u>. Enter the message number of the ultimate destination station.
Relay From	When relaying: Enter the call sign of the station that relayed the message to you
Relay To	When relaying: Enter the call sign of the station that you relayed the message to
Name	<u>Required</u>. Enter the first initial and last name of the radio operator that handled the message.
Call Sign	<u>Required</u>. Enter the call sign of the radio operator that handled the message.
Date	<u>Required</u>. Enter the date the message was sent/received.
Time	<u>Required</u>. Enter the time the message was sent/received. Use 24-hour time.