

<b>SCCo Medical Health Branch -- HAvBed Report</b>		EMResource: c190320 PDF: 190407
<b>Radio Operator Only:</b>	<b>Origin Msg #:</b>	<b>Destination Msg #:</b>

<b>This Section to be Completed by Hospital Personnel:</b>		<b>(Underlined=Required)</b>	
<b>Date:</b>	<b>Time (24hr):</b>	<b>Handling:</b>	<input type="radio"/> <b>Immediate</b> (ASAP) <input type="radio"/> <b>Priority</b> (<1 hr) <input type="radio"/> <b>Routine</b> (<2 hr)
<b>T O</b>	<b>ICS Position:</b>	<b>F R O M</b>	<b>ICS Position:</b>
	<b>Location:</b>		<b>Location:</b>
	<b>Name</b>		<b>Name</b>
	<b>Contact Info:</b>		<b>Contact Info:</b>
<b>Hospital</b>			
<b>Hospital Name:</b>			
<b>Command Center Status:</b>	(Pick One)	<input type="radio"/> <b>Available</b> (Green) <input type="radio"/> <b>Not Activated</b> (Green) <input type="radio"/> <b>Drill/Exercise</b> (Purple) <input type="radio"/> <b>Monitoring</b> (Orange)	<input type="radio"/> <b>Limited Activation</b> (Red) <input type="radio"/> <b>Full Activation</b> (Red) <input type="radio"/> <b>Unavailable</b> (Red)
<b>Bed Availability</b>	<b>Quantity / Status</b>		
<b>Adult ICU:</b>			
<b>Burn:</b>			
<b>Medical/Surgical:</b>			
<b>Neg Flow Isolation:</b>			
<b>Operating Room:</b>			
<b>Pediatric ICU:</b>			
<b>Pediatrics:</b>			
<b>Psychiatric:</b>			
<b>Decon:</b>	(Pick One)	<input type="radio"/> <b>Exceeded</b> (Black) <input type="radio"/> <b>Full</b> (Red) <input type="radio"/> <b>Inactive</b> (Yellow) <input type="radio"/> <b>Open</b> (Green)	
<b>Vents:</b>			
<b>Comment:</b>			

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

## SCCo Medical Health Branch – HAvBed Report

**Purpose:** The SCCo Medical Health Branch HAvBed Report is used to respond to an EMResource HAvBed query via alternative means (radio, fax, e-mail, ...) when direct access to EMResource is not available.

### 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. For 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 of the values shown.
Comments	Optional. Enter any additional information that may be helpful.

### Instructions for Radio Operators:

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.