

# SCCo Medical Health Branch -- HAvBed Report

EMResource: c190320

PDF: 190530

Radio Operator Only:

Origin Msg #:

Destination Msg #:

## This Section to be Completed by Hospital Personnel:

(Underlined=Required)

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

T O	<u>ICS Position:</u>	F R O M	<u>ICS Position:</u>
	<u>Location:</u>		<u>Location:</u>
	<u>Name:</u>		<u>Name:</u>
	<u>Contact Info:</u>		<u>Contact Info:</u>

### Hospital

<u>Hospital Name:</u>			
<u>Command Center Status:</u>	(Pick One)	<input type="radio"/> Available (Green) <input type="radio"/> Not Activated (Green) <input type="radio"/> Drill/Exercise (Purple) <input type="radio"/> Monitoring (Orange)	<input type="radio"/> Limited Activation (Red) <input type="radio"/> Full Activation (Red) <input type="radio"/> Unavailable (Red)
<u>Bed Availability</u>	<u>Quantity / Status</u>		
<u>Adult ICU:</u>			
<u>Burn:</u>			
<u>Medical/Surgical:</u>			
<u>Neg Flow Isolation:</u>			
<u>Operating Room:</u>			
<u>Pediatric ICU:</u>			
<u>Pediatrics:</u>			
<u>Psychiatric:</u>			
<u>Decon:</u>	(Pick One)	<input type="radio"/> Exceeded (Black)	<input type="radio"/> Full (Red)
<u>Vents:</u>		<input type="radio"/> Inactive (Yellow)	<input type="radio"/> Open (Green)

Comment:

### Radio Operator Only:

<u>Relay:</u>	<u>Rcvd:</u>	<u>Sent:</u>
<u>Name:</u>	<u>Call Sign:</u>	<u>Date:</u> <u>Time</u> (24hr):

## Instructions: 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	If needed, radio operator can suggest most appropriate TO position and location.
ICS Position	<u>Required.</u> Enter the ICS position name. For this form, typically: EMS Unit
Location	<u>Required.</u> Enter the location. For this form, typically: "MHJOC" if it is open, otherwise "Santa Clara 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 person or position.
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.
Comment	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	When relaying: Enter a call sign and/or time, or other useful mark or info, to indicate status.
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.