SCCo Medical Health Branch -- HAvBed Report (Radio/Fax)	EMResource: c190320 PDF: 190329
Radio Operator Only:	**Origin Msg #:**	**Destination Msg #:**

This Section to be Completed by Hospital Personnel: <u>(Underlined=Required)</u>

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) ○**Limited Activation** (Red) ○**Not Activated** (Green) ○**Full Activation** (Red) ○**Drill/Exercise** (Purple) ○**Unavailable** (Red) ○**Monitoring** (Orange)

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)**:**

SCCo Medical Health Branch – HAvBed Report (Radio/Fax)

Purpose: The SCCo Medical Health Branch HAvBed Report (Radio/Fax) is used to respond to an EMResource HAvBed query via radio or fax 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.