



NAPA COUNTY

**HEALTH AND HUMAN SERVICES AGENCY
EMERGENCY MEDICAL SERVICES AGENCY
2344 Old Sonoma Road, Bldg G
Napa, California 94559
(707) 253-4345 • FAX (707) 259-8112**

**Randolph F. Snowden, Agency Director
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MULTI-CASUALTY INCIDENT MEDICAL RESPONSE PLAN

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POLICY NO: I/01

EFFECTIVE DATE: 12 December 1996

REVISED DATE: January 2006

PAGE: 1 of 24

APPROVED: _____
Director/Medical Director

AUTHORITY: California Health and Safety Code, Div. 2.5 EMS.

INTRODUCTION:

The Napa County Multi-Casualty Incident Medical Response Plan is a separate annex to the Napa County Emergency Operations Plan. It is incorporated as part of the Incident Command System and specifically addresses the medical section if a multi-casualty incident occurs. This plan has been organized into two parts that answer two basic questions “**Who is in charge?**” and “**What should I do?**”

PART I: BASIC PLAN

A. MULTI CASUALTY ALERT

Signifies that an incident has occurred in which the number of serious casualties is expected to overwhelm the ambulance and/or hospital acute care facilities of the affected ambulance zone.

Notify all non-affected zone and supplemental ambulance services that the MCI plan has been activated and obtain the number of units available.

Available ambulances within that zone are dispatched to the scene on initial assignment, for triage and other purposes as needed.

Hospitals may begin recalling staff.

B. INITIATION OF ALERT

1. Each of the following individuals or organizations shall have authority for the initiation of a medical alert upon making the determination that the conditions warranting an alert exist. This decision shall be made in concurrence with the Incident Commander when available.
 - a. The Public Safety Agency having jurisdiction for overall scene management at the incident.
 - b. The On-Duty Ambulance Supervisor of the ambulance service of the affected zone.
 - c. The Senior Ambulance Crew member of the ambulance service responsible for the affected zone on the scene of the incident.
 - d. The Napa County Director of Emergency Services.
 - e. The Napa County EMS Agency (NCEMSA) Staff administrative or medical.

C. TERMINATION OR CANCELLATIONS OF MEDICAL ALERTS

1. A declared medical alert shall be terminated as soon as practical following the completion of transport of all the patients to the appropriate facility. **UPON COORDINATING WITH THE FOLLOWING PEOPLE, THE INCIDENT COMMANDER MAY TERMINATE THE MEDICAL ALERT.**
 - a. Medical Branch Director
 - b. Coordinating Hospital
 - c. Napa County Director of Emergency Services.
 - d. Napa County EMS Agency (NCEMSA) Staff, administrative or medical.

D. MEDICAL MANAGEMENT OF MULTI-CASUALTY INCIDENTS

1. The overall responsibility for management of medical resources in multi-casualty incidents within Napa County rests with the Medical Director of NCEMSA and is exercised through the NCEMSA.
2. **THE OVERALL OPERATIONS ON THE SCENE SHALL BE UNDER THE DIRECTION AND CONTROL OF THE INCIDENT COMMANDER USUALLY FROM THE AGENCY WITH PRIMARY INVESTIGATIONAL JURISDICTION OVER THE INCIDENT.**
3. The Lead Agency responsible for on-scene management of medical operations during a multi-casualty incident shall be the designated emergency ambulance transport service for the affected zone, except that within the City of Napa, the Napa Fire Department paramedics shall be responsible.
4. The on-scene medical operations shall be directed by a Medical Branch Director. If no ambulance personnel are on the scene, the Incident Commander may designate a Medical Branch Director until ambulance personnel arrive on the scene.
5. Coordination of hospital emergency departments and direction of the flow of patients to hospitals shall be the responsibility of the Coordinating Hospital.

E. ADVANCED LIFE SUPPORT POLICY DURING THE MEDICAL ALERT

1. In a major multi-casualty incident, priority shall be given to rapid transport of victims to hospital emergency departments.
2. Advanced Life Support, if initiated, shall be conducted under “radio contacts and non-radio contacts-disrupted radio contact situation protocols”.
3. When the need arises, consideration may be given with Base Hospital approval for an EMT-I to transport a patient with an IV line established in the prehospital setting. (Napa County certified EMT-I’s may monitor peripheral lines delivering intravenous isotonic balanced salt solutions for volume replacement. EMT’s may monitor, maintain, and adjust if necessary in order to maintain, a preset rate of flow or turn off the flow of intravenous fluid).

4. When possible, medical communications during a medical alert shall be by the Mednet System (ambulance/hospital) or RACES/VIP.

F. COMMUNICATIONS

1. All radio communications related to the medical handling of the multi-casualty incident shall, when possible, be handled via Mednet (ambulance/hospital) or RACES/VIP.
2. All hospitals in Napa County shall maintain a Mednet (ambulance/hospital) open channel until the medical alert has been secured.
3. Units not involved in the incident should restrict use of the Mednet channel.

G. MEDICAL CACHE TRAILERS

1. Each of the following individuals or organizations shall have authority for the initiation of the medical cache trailers upon making the determination that the conditions warrant the dispatch. This decision shall be made in concurrence with the Incident Commander when available.
 - a. The Public Safety Agency having jurisdiction for overall scene management at the incident.
 - b. The On-Duty Ambulance Supervisor of the ambulance service of the affected zone.
 - c. The Senior Ambulance Crew member of the ambulance service responsible for the affected zone on the scene of the incident.
 - d. The Napa County Office of Emergency Services Manager.
 - e. The Napa County EMS Agency (NCEMSA) administrative or medical staff.

2. The MCI trailers are located at American Canyon Fire Department (BLS), City of Napa Fire Department Station 1 (ALS), and California Department of Forestry Big Tree Station in St. Helena (BLS).

All three trailers are stocked with identical equipment and supplies with one exception; the ALS trailer has an additional compliment of IV supplies for up to 100 patients.

3. The agencies who have agreed to store the trailers are responsible for:
 - a. Providing the necessary vehicle(s) and personnel to deliver the cache trailer to the incident scene upon request.
 - b. Housing and storage of the trailers.
 - c. Periodic inventory checks and when necessary insuring time sensitive supplies are rotated before expiration date is reached.
 1. BLS supplies will be rotated by agency housing trailer.
 2. ALS supplies will be rotated by Piner Ambulance Service.
 - d. Performing routine maintenance to insure their state of readiness.
 - e. Maintain a Medical Cache Trailer Log acknowledging the trailer's state of readiness.
 - f. Returning the trailer to "In-Service" status within 24 hours of the trailer returning from an incident. This includes a complete inventory assessment to identify, and restock, all missing supplies and equipment.
 1. The restocking of the BLS supplies is the responsibility of the agency requesting the trailer.
 2. The ALS date-sensitive supplies will be replaced by Piner's Ambulance. .
 - g. Notifying the EMS Agency within 24 hours of the trailers going back "In-Service" after a deployment.

Trailer Inventory Checklist

<u>P.P.E.</u>		<u>Count</u>	<u>Airway / O2</u>		<u>Count</u>
<input type="checkbox"/>	Pocket Masks	5	<input type="checkbox"/>	Portable suction units w/replacement	1
<input type="checkbox"/>	Antiseptic Hand wash	2 btl	<input type="checkbox"/>	OPA's	3 sets
<input type="checkbox"/>	Disposable Latex Gloves (L)	6 box	<input type="checkbox"/>	NPA's	3 sets
<input type="checkbox"/>	Disposable Latex Gloves (XL)	6 box	<input type="checkbox"/>	Bag-Valve Mask adult/peds	1
<input type="checkbox"/>	N95 masks	3 box	<input type="checkbox"/>	Bag-Valve Mask Peds	1
<input type="checkbox"/>	Sanitary Wipes	2 box	<input type="checkbox"/>	Nasal Cannulas	30
<input type="checkbox"/>	Shoe Covers	2 box	<input type="checkbox"/>	Non-Rebreather masks	30
<input type="checkbox"/>	Safety Glasses	1 box	<input type="checkbox"/>	Pedi masks	30
<input type="checkbox"/>		3	<input type="checkbox"/>	Oxygen tank w/Minilators	3
<input type="checkbox"/>			<input type="checkbox"/>	Oxygen Tubing w/connectors	30
<input type="checkbox"/>					
<input type="checkbox"/>					
<u>Equipment</u>		<u>Count</u>	<u>Bandage/Immobilization</u>		<u>Count</u>
<input type="checkbox"/>	Trauma Shears	105	<input type="checkbox"/>	Backboards w/Straps	20
<input type="checkbox"/>	BP Cuff - Adult	1	<input type="checkbox"/>	Head Immobilizers	20
<input type="checkbox"/>	BP Cuff - Child	1	<input type="checkbox"/>	C-Collars - Adult	20
<input type="checkbox"/>	Stethoscope	3	<input type="checkbox"/>	C-Collars - Child	15
<input type="checkbox"/>	Emesis Basins	2 pkg	<input type="checkbox"/>	Triangular bandages	10
<input type="checkbox"/>	Clipboards	3	<input type="checkbox"/>	Trauma Dressings	15
<input type="checkbox"/>	Disposable Blankets	1 box	<input type="checkbox"/>	Abdominal Pads	2 box
<input type="checkbox"/>	Barricade tape	3 rolls	<input type="checkbox"/>	4"x4"s Sterile	2 box
<input type="checkbox"/>	Duct Tape	3 rolls	<input type="checkbox"/>	4"x4"s non-sterile	4 pkg
<input type="checkbox"/>	Spare Oxygen Bottles	6	<input type="checkbox"/>	Sterile Saline	1 cs
<input type="checkbox"/>	Biohazard Bags	2 box	<input type="checkbox"/>	Sterile Water	1 cs
<input type="checkbox"/>	Specimen Bags	1 box	<input type="checkbox"/>	Kerlix	30 rolls
<input type="checkbox"/>	Minilator Nipples 10lpm	15	<input type="checkbox"/>	Coban / Ace Wraps	1 box
<input type="checkbox"/>	Plastic Containers - Large	6	<input type="checkbox"/>	Cardboard Splints - Long, short	1 pkg
<input type="checkbox"/>	MCI incident Site Kit	1 kit	<input type="checkbox"/>	Cold Packs	1 cs
<input type="checkbox"/>	- Position vests, tarps		<input type="checkbox"/>	Burn sheets	2 cs
<input type="checkbox"/>	- Traffic Cones		<input type="checkbox"/>	Adhesive bandages	4 box
<input type="checkbox"/>	- Triage tags		<input type="checkbox"/>	2" Waterproof Tape	1 box
<input type="checkbox"/>			<input type="checkbox"/>	1" Waterproof Tape	1 box
<input type="checkbox"/>			<input type="checkbox"/>	Transpore tape	1 box
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<u>ALS Trailer Additions</u>		<u>Count</u>			<u>Count</u>
<input type="checkbox"/>	IV Solutions	100	<input type="checkbox"/>	Laryngoscope & blades	6
<input type="checkbox"/>	IV Tubing	100	<input type="checkbox"/>	McGill Forceps - Adult	6
<input type="checkbox"/>	IV Start Kits	100	<input type="checkbox"/>	McGill Forceps - Peds	6
<input type="checkbox"/>	Sharps disposal container	2	<input type="checkbox"/>		
		1 set			

PART II: ANNEXES

Napa County utilizes the Incident Command System. It establishes a clear chain of command and provides for objective oriented, management checklists and a common management terminology during times of stress. This is a system that has had a high degree of success and has been adopted by many emergency management agencies in the State of California.

Each section has a specific scope of responsibility in order to focus on his/her assignments. These assignments are listed in checklist form. The organizational chart clearly delineates the chain of command.

The following checklists are divided into two groups:

Multi Casualty Alert: On Scene Personnel**Multi Casualty Alert: Responsibilities of Participating Agencies**

MULTI-CASUALTY ALERT: ON SCENE PERSONNEL

- **MEDICAL BRANCH DIRECTOR**

Under supervision of the Incident Operations Section Chief, directs the medical branch during a multi-casualty incident.

- **TRIAGE GROUP SUPERVISOR**

Under the direction of the Medical Branch Director, establishes priorities for field treatment and transport of patients.

- **TREATMENT GROUP SUPERVISOR**

Under the direction of the Medical Branch Director, supervises the medical treatment of victims awaiting ambulance transportation.

- **TRANSPORT GROUP SUPERVISOR**

Under the direction of the Medical Branch Director, supervises patient loading, loading area and traffic pattern of vehicles arriving and departing. Communicates with coordinating hospital to arrange distribution of patients and their estimated time of arrival.

- **AMBULANCE STAGING MANAGER**

Coordinates and briefs ambulance personnel and coordinates equipment.

- **FIRST RESPONDER**

Assesses number and nature of casualties and initiates (START).

Assists as directed with Rescue, Fire control, stabilization, hazard reduction, triage, treatment, litter bearing and ambulance loading.

MEDICAL BRANCH DIRECTOR ANNEX

The incident Medical Branch Director shall be the Ambulance Supervisor of the ambulance service responsible for the affected zone, the senior ambulance crew member of the zone ambulance service on the scene, or other person designated by the zone ambulance service, except that within the City of Napa, the Napa Fire Department paramedics shall be responsible.

If no zone ambulance personnel are on scene, the Incident Commander may designate a Medical Branch Director until zone ambulance personnel arrive on the scene.

CHECKLIST FOR ALL MULTI-CASUALTY INCIDENTS

(There is no set order to these checklist items).

- Obtain briefing from the Operations Section Chief (if activated) or Incident Commander.
- Identify yourself by putting on the vest with your title.
- Read this entire checklist.
- Establish, or have established by medical section staff, in consultation with the Operations Section Chief (if activated) or Incident Commander, a patient treatment area and an ambulance staging area.
- Maintain continuous presence or representation at the Incident Command Post (ICP).
- Provide the Coordinating Hospital with the estimate of the numbers and types of casualties needing transport.
- Advise the Operations Section Chief (if activated) or Incident Commander of casualties. The Incident Commander will notify the County Coroner. The Coroner will advise the Incident Commander of his requirements.

Bodies shall not be moved unless:

- A. It is necessary because of rescue work.
- B. Public Health is at stake.
- C. The safety of others is involved.
- D. It is necessary to remove from public view.

MEDICAL BRANCH DIRECTOR ANNEX cont'd**CHECKLIST FOR ALL MULTI-CASUALTY INCIDENTS cont'd**

- The Incident Commander will request Napa Central Dispatch provide additional ambulance units and /or other transportation modalities.
- In consultation with Coordinating Hospital Command Post and Napa Central Dispatch, determine the need for out-of-county medical response and advise Central Dispatch.
- Appoint and brief additional Incident Medical Staff as needed:
 - A. Triage Group Supervisor
 - B. Treatment Group Supervisor
 - C. Transport Group Supervisor
 - D. Ambulance Staging Manager
 - E. Additional personnel may be assigned responsibility as deemed necessary.

Note: These functions are performed by the Medical Branch Director if staff are not appointed to the designated positions.

- Use your designated position as your radio identifier (ie) "Medical Branch".
- Law enforcement will provide security to the incident scene. Law enforcement will ensure security for the transportation staging area and will maintain open routes for ambulance entry and exit.
- Law enforcement also provides crowd control, traffic control and protective actions (evacuation or sheltering in place).
- WITH CONCURRENCE OF INCIDENT COMMANDER, TO ORDER THE TERMINATION OF THE MEDICAL ALERT.**

TRIAGE GROUP SUPERVISOR ANNEX**CHECKLIST FOR ALL MULTI-CASUALTY INCIDENTS**

(There is no set order to these checklist items)

- Obtain briefing from the Medical Branch Director.
- Identify yourself by putting on the vest with your title.
- Read this entire checklist.
- Under direction of Medical Branch Director, assume overall responsibility for establishing priorities for field treatment and transport of patients.
- Initiate and supervise sorting and tagging of patients in non-hazardous triage areas and the movement of patients to the patient treatment area.
- Coordinate all activities within the patient triage area.
- Advise Medical Branch Director of numbers of victims of each triage category.
- Brief triage personnel and advise Medical Branch Director of the need for additional triage personnel.
- As additional triage personnel allow, consider re-evaluation of non-salvageable patients.
- Use your designated position as your radio identifier (ie) "Triage Group".

TREATMENT GROUP SUPERVISOR ANNEX
CHECKLIST FOR ALL MULTI-CASUALTY INCIDENTS

(There is no set order to these checklists)

- Obtain briefing from the Medical Branch Director.
- Identify yourself by putting on the vest with your title.
- Read this entire checklist.
- Establish and identify treatment areas for immediate, delayed and minor victims.
- Supervise the medical treatment of victims awaiting ambulance transportation.
- In consultation with the Triage Group Supervisor, establish priorities and plan for field treatment of victims.
- Brief treatment personnel.
- Advise Medical Branch Director of need for additional treatment personnel or medical supplies.
- Make triage level changes in patient status, affecting transport priorities.
- Use your designated position as your radio identifier (ie) "Treatment Group".

TRANSPORT GROUP SUPERVISOR ANNEX**CHECKLIST FOR ALL MULTI-CASUALTY INCIDENTS**

(There is no set order to these checklists)

- Obtain briefing from the Medical Branch Director.
- Identify yourself by putting on the vest with your title.
- Read this entire checklist.
- Under the supervision of Medical Branch Director, supervise patient loading of ambulances and /or other transportation modalities and the dispatching of same to the receiving hospitals.
- Establish ambulance and/or other transportation modality loading area and traffic pattern for vehicles arriving and departing the loading area.
- Utilize patient tracking record.

(The Transportation Group Supervisor will be responsible for completing the patient transport tracking record and assuring its delivery to the Coordinating Hospital Command Center after the last patient has been transported from the scene. The patient tracking form should be forwarded to the Coordinating Hospital as soon as practical following the incident.)

The patient tracking form may be forwarded to the Coordinating Hospital in any manner, (ie) FAX or Amateur Radio.

Queen of the Valley Hospital Emergency Room Fax - (707) 257-4167.
St. Helena Hospital Emergency Room Fax - (707) 967-5613.

- Assure safety of vehicle movement in the loading area. (Avoid backing of vehicles.)
- Call additional vehicles up from staging area as needed.
- Use your designated position as your radio identifier, (ie) "Transport Group".

CHECKLIST FOR ALL MULTI-CASUALTY INCIDENTS cont'd

- The Transport Group Supervisor shall obtain hospital bed availability from the Coordinating Hospital via Mednet (ambulance/hospital), ReddiNet or Amateur Radio. The Transport Group Supervisor will then direct ambulances to hospitals according to bed availability.

- The Transport Group Supervisor shall give hospital destination to vehicle ready to transport.

- The transport unit will notify the receiving hospital of the number of patients, triage status and ETA only.

AMBULANCE STAGING MANAGER ANNEX

CHECKLIST FOR ALL MULTI-CASUALTY INCIDENTS

(There is not set order to these checklists items)

- Obtain briefing from the Medical Branch Director.
- Identify yourself by putting on the vest with your title.
- Read this entire checklist.
- Establish an ambulance staging area.
- Under the direction of the Medical Branch Director, brief ambulance personnel arriving at the staging area and move units up as requested by the Transport Group Supervisor.
- Maintain log of ambulance or other medical units reporting to or leaving the ambulance staging area.
- Brief ambulance personnel as they arrive at the staging area.
- Direct units to the loading area as requested by the Transport Group Supervisor.
- Use your designated position as your radio identifier, (ie) "Ambulance Staging".

FIRST RESPONDER ANNEX

CHECKLIST FOR ALL MULTI-CASUALTY INCIDENTS

(There is no set order to these checklist items).

- Assess number and nature of casualties, general nature of emergency and relay information to appropriate dispatch center.
- Initiate the Simple Triage and Rapid Transport System (START).
- Establish contact with the incident Medical Branch Director and determine the areas to be used for triage and for ambulance staging.
- Move victims to patient treatment area.
- Upon completion of START Triage assist with first aid in the patient treatment area.
- Assist with rescue, stabilization, fire control, hazard reduction, treatment and litter bearing as requested.
- Assist with loading of ambulances.
- Assist with establishment of morgue, if directed by the Coroner.

**MULTI-CASUALTY INCIDENT:
RESPONSIBILITIES OF PARTICIPATING AGENCIES**

- **NAPA CENTRAL DISPATCH**

Primary medical communications center for the incident.

- **ALL HOSPITALS**

Responsibilities of participating hospitals.

- **COORDINATING HOSPITAL**

Obtains bed capacity and number of immediate, delayed and walking wounded each receiving facility can accept.

NAPA CENTRAL DISPATCH ANNEX

CHECKLIST FOR ALL MULTI-CASUALTY INCIDENTS

(There is no set order to these checklist items).

- Read this entire checklist.
- Alert ambulance companies within the affected zone that the MCI plan has been activated and dispatch all available ambulances within the affected zone, and the Ambulance Supervisor for initial assignment on the incident.
- Notify Coordinating Hospital.
- Notify Hospitals to update ReddiNet.
- Notify all non-affected zone and supplemental ambulance services that the MCI plan has been activated and obtain number of units available.
- Monitor appropriate command frequency for communication from Fire Command Post.
- Notify Napa County EMS Agency when MCI declared or medical cache trailers requested.
- Notify CDF Emergency Command Center (ECC) to coordinate the procurement and transport of the medical CACHE supplies to a location determined by the Incident Commander.
- Notify CDF Emergency Command Center (ECC) to activate RACES and VIP.
- Maintain control and coordination of Mednet (ambulance/hospital); relay radio communications as may be necessary.
- Notify the allied agencies when directed by the IC/appropriate jurisdiction.
- Announce cancellation or termination of the medical alert.

EMS AIRCRAFT:

REACH	1-800-	338-4045
CHP	707- 707-	648-5570 257-0103
HENRY I	707-	528-4191
CALSTAR	1-800-	252-5050
LIFE FLIGHT – Stanford	1-800-	321-7828

COORDINATING HOSPITAL ANNEX**CHECKLIST FOR ALL MULTI-CASUALTY INCIDENTS**

(There is no set order to these checklist items).

- Read this entire checklist.
- Queen of the Valley Hospital will be the primary coordinating hospital. In the event the primary coordinating hospital cannot fulfill that role, St. Helena Hospital will assume the role of coordinating hospital.
- Assign one person as Mednet (ambulance/hospital) radio operator to remain at the radio at all times. RACES/VIP as needed.
- Contact the other hospitals to obtain an emergency capacity inventory. In the event of telephone failure use ReddiNet, Mednet (ambulance/hospital) or RACES/VIP to contact the other hospitals to obtain an emergency capacity inventory.
- Receive an estimate of the numbers and types of casualties, via Mednet (ambulance/hospital) from the Transport Group Supervisor.
- Give hospital bed capacities to on scene Transport Group Supervisor.
- The Coordinating Hospital Command Center will send copies of patient transport tracking record to the EMS Agency within 24 hours.
- The patient transport tracking record may be FAXED to the EMS Agency: (707) 259-8112 or mailed to: EMS Agency, 2344 Old Sonoma Road, Building G, Napa, CA 94559.

ALL HOSPITALS ANNEX

CHECKLIST FOR ALL MULTI-CASUALTY INCIDENTS

(There is no set order to these checklist items)

- Read this entire Checklist.
- Maintain Mednet (ambulance/hospital) open channel.
- Assign one person as Mednet (ambulance/hospital) radio operator to remain at the radio at all times. Utilize ReddiNet and RACES/VIP as needed.
- Compile emergency capacity inventory and have available items requested by the Coordinating Hospital.
- Monitor Mednet (ambulance/hospital) for information relevant to the incident and for incoming ambulance traffic.
- Be prepared to accept patients immediately upon arrival in order that the ambulance unit may be redirected to incident scene.

POLICY NO: I/01
REVISED DATE: January 2006

ADDENDUM

HOSPITAL BED AVAILABILITY

Queen of the Valley Hospital (707) 257-4014 Contact: _____
Ph. # _____
Total Beds available:
Immediate _____
Delayed _____
WW _____

St Helena Hospital (707) 963-6425 Contact: _____
Ph. # _____
Total Beds available:
Immediate _____
Delayed _____
WW _____

Veterans Home (707) 944-4500 Contact: Administrator
Mon – Fri, 8 am – 4 pm
(707) 944-4848 24 hours
(707) 944-4600 Request: AOD
(After Hours) Administrator on Duty
Total Beds available:
Immediate _____
Delayed _____
WW _____

Napa State Hospital (707) 253-5000 Contact: _____
Ph. # _____
Total Beds available:
Immediate _____
Delayed _____
WW _____

ADDENDUM**TELEPHONE LIST / HOSPITAL BED AVAILABILITY**HOSPITALS:

	Area	Phone #	Immediate	Delayed	WW
Sutter Solano *	707	554-4444			
Sonoma Valley	707	935-5000			
Santa Rosa Memorial *	707	546-3210			
Lakeside *	707	263-5651			
Petaluma Valley *	707	778-1111			
Redbud	707	995-5890			
Kaiser, Vallejo	707	651-1303			
Santa Rosa (Community) *	707	546-3210			
John Muir *	925	939-3000			
U.C. Davis *	916	734-2011			
Childrens, Oakland *	510	428-3000			
Travis *	707	423-3987			
North Bay Medical Center *	707	429-3600			
Santa Clara Valley Med Ctr (Spinal Cord) *	408	885-5000			
Ralph K. Davies	415	600-0600			
Doctor's San Pablo (Burns) *	510	970-5700			

* Helipad

MCI PATIENT TRACKING RECORD

INCIDENT NAME:	
LOCATION:	DATE:

TRIAGE TAG #	TRIAGE LEVEL			SEX	EST. AGE	MED UNIT #	DESTINATION
	I	D	M				
	I	D	M				
	I	D	M				
	I	D	M				
	I	D	M				
	I	D	M				
	I	D	M				
	I	D	M				

TRIAGE LEVELS
I = IMMEDIATE D = DELAYED M = MINOR