

ATTACHMENT 4: CATASTROPHIC MEDICAL INCIDENT REPORT FORM

Purpose: Assist with ensuring consistent communication between stakeholders and provide a mechanism to report medical resources status and shortages, request for temporary modifications in care (including implementing crisis care), and provide updates on what crisis care is in progress

Instructions: When the annex is activated, this form will be utilized by all stakeholders (e.g. EMS systems, health care facilities, LHDs, IDPH) to communicate necessary information about the incident, annex activation, status of resources, implementation of crisis care and return to conventional and/or contingency care during a catastrophic incident.

INCIDENT NAME		DATE/TIME PREPARED
OPERATIONAL PERIOD		REPORT RECEIVED VIA <input type="checkbox"/> Phone <input type="checkbox"/> Radio <input type="checkbox"/> Fax <input type="checkbox"/> Other
FROM (SENDER)	TO (RECEIVER)	REPLY/ACTION REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, <i>include detailed sending information</i> below REPLY TO: <input type="checkbox"/> Phone <input type="checkbox"/> Radio <input type="checkbox"/> Fax <input type="checkbox"/> Other (List number)
PRIORITY: <input type="checkbox"/> Urgent/High <input type="checkbox"/> Non-urgent/Medium <input type="checkbox"/> Informational/Low		
DATE/TIME PHEOC ACTIVATED		REASON FOR PHEOC ACTIVATION
DATE/TIME ANNEX ACTIVATED		REASON FOR ANNEX ACTIVATION
ACTIVATION LEVEL <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> State		
CURRENT INCIDENT INFORMATION		
IMPACTED FACILITY/AGENCY/DEPARTMENT/SYSTEM:		
SCARCE RESOURCE SITUATION DESCRIPTION:		
1. GENERAL SITUATION		
2. PATIENT NUMBERS AND SPECIFIC CARE NEEDS		
3. TYPES OF INADEQUATE RESOURCES NEEDED FOR PATIENT CARE		
4. SPECIFIC SUBSTITUTE/MODIFIED METHODS USED TO MAINTAIN CONVENTIONAL AND/OR CONTINGENCY CARE LEVELS		
CRISIS CARE INFORMATION		
1. DATE/TIME CRISIS CARE INITIATED		
2. PROJECTED TIME TO REMAIN IN CRISIS CARE MODE		
3. CRISIS CARE METHODS REQUESTED **		
4. CRISIS CARE METHODS IMPLEMENTED **		
5. DATE/TIME RETURNED TO CONVENTIONAL AND/OR CONTINGENCY CARE LEVEL		
REQUIRED/REQUESTED ACTIONS AT THIS TIME		
COMMENTS		

** See Attachments 6, 7, 8 and 9 for crisis care and resource allocation tactics and strategies for EMS, health care facilities, and local health departments