Equipment and Supply Standard

EMS ADMINISTRATION 401

PURPOSE

I. The purpose of this policy is to standardize and establish minimum medication and equipment available on EMS vehicles in Napa County.

POLICY

I. EQUIPMENT AND SUPPLY INSPECTION

A. The Napa County EMS Agency personnel may inspect BLS and ALS units at any time for compliance with the identified standards for equipment and personnel. Deficiencies may result in the unit's removal from service until the deficiencies are remedied.

B. The Napa County EMS Agency will notify the ambulance provider's designated management representative immediately of the infraction.

II. CONTROLLED SUBSTANCES

A. Controlled substances shall be kept in a secure manner at all times. No drugs or medications are to be located in a vehicle, which is not totally equipped and staffed to provide the level of service for which controlled substances are provided.

B. Controlled substances will be secured properly and appropriately in the paramedic mobile unit with adequate precautions taken to prevent losses by any means. The paramedic provider agency is responsible for ensuring that this security occurs, as well as supervising adequate record keeping as described below.

C. An inventory of controlled substances assigned to an ALS unit shall be completed and a record maintained.

D. The drug inventory is to be completed at the start of each shift.

E. This controlled substance inventory log shall be retained on file by the provider agency for a minimum for four (4) years.

F. A record of any use of controlled drugs by an ALS unit shall be maintained.

G. The Drug Administration Log is designed to show the actual circumstances under which a drug is administered, lost or broken. This information will clarify any controlled substance inventory discrepancies.

H. This drug administration log shall be retained on file by the provider agency for a minimum for four (4) years.

III. MINIMUM EQUIPMENT LIST

A. The following list is applicable to all EMS providers within Napa County. This list is not all-inclusive and serves as a minimum required equipment list only. ALS Ambulances and ALS First Responder providers are required to carry both ALS and BLS equipment items.

B. EMS providers on each EMS vehicle are responsible for ensuring that all medications and equipment are present at the beginning of each shift, that all equipment is functioning properly and that all battery-powered devices are charged.

C. Expiration dates for medications and supplies must be current, as applicable. All medications, supplies, and equipment shall be stored in accordance with the manufacturer’s recommendation unless otherwise specified in this policy.

ALS EQUIPMENT		ALS Ambulance	ALS 1st Response
Defibrillator/Diagnostic			
Monitor-Defibrillator		1	1
ECG cables		1	1
12-Lead cables		1	1
ECG paper (extra)		1	1
Electrodes (single)	Adult	30	30
	Pediatric	20	20
Defibrillator Patches	Adult	2	2
	Pediatric	1	1
Waveform Capnography (In-line)		2	1
Extra battery		1	1
Glucometer		1	1
Lancets		6	4
Length based resuscitation tape		1	1
Pediatric Medication/Cardiac Arrest Reference		2	1
ALS Airway/Oxygenation			
King LTD	Size 3 (Small Adult)	1	1
	Size 4 (Medium Adult)	1	1
	Size 5 (Adult)	1	1
Magill forceps	Adult	1	1
	Pediatric	1	1
Laryngoscope handle	Adult	1	1
	Pediatric	1	1
	Extra batteries – (1 set for each)	2	1
Laryngoscope blades	(Adult) straight	1 set	1 set
	(Adult) curved	1 set	1 set
	(Pediatric) straight	1 set	1 set
	(Pediatric) curved	1 set	1 set
	Extra bulbs (if applicable)	1	1
IntuBrite Video Laryngoscopy Device		Required on select EMS Response Vehicles	

ALS EQUIPMENT		ALS Ambulance	ALS 1st Response
Endotracheal tubes:	#6.0, cuffed	1	1
	#7.0, cuffed	1	1
	#8.0, cuffed	1	1
	#9.0, cuffed	1	1
Intubation stylet - Adult		1	1
Endotracheal Tube Introducer (ETTI)		1	1
Tube Tamer or equivalent (Adult)		1	1
Cricothyrotomy Insertion Kit		1	1
Pleural Decompression Kit		2	1
Commercial Chest Seal		2	1
Nebulizer (Hand-held) HHN		2	1
CPAP Device (7.5 cm H_20)	Large Mask	1	1
	Standard Mask	1	1
	Small Mask	1	1
Nebulizer adaptor for CPAP		1	1
Medications			
Acetaminophen 1 Gram/100 mL vial		2	1
Adenosine 3 mg/mL (6mg vials)		30mg	30mg
Albuterol 0.83 mg/mL 5mg in 6mL NS		6	4
Amiodarone 50mg/mL		450mg	450mg
Aspirin, chewable (81mg)		1 bottle	1 bottle
Atropine Sulfate Multi-Dose Vial 0.4mg/mL		1	1
Atropine Sulfate 0.1 mg/mL(1mg pre-load)		2	1
Benadryl, 50mg/mL vial		2	1
Calcium chloride, 1gram/10mL pre-load		1	1
Dextrose 10% 0.1 gram/mL		3	2
Dopamine (400mg) vial or pre-mix		1	1
Epinephrine 1:10,000, 0.1 mg/mL pre-load		6	4
Epinephrine 1:1000, 1 mg/mL (vial or ampule)		2	2
Fentanyl 100mcg 50 mcg/mL		2	2

ALS EQUIPMENT		ALS Ambulance	ALS 1st Response
Hydroxocobalamin (CyanoKit) ++		Optional	Optional
Ipratropium (Atrovent) 0.167 mg/mL 0.5mg in 3mL NS		2	2
Lidocaine 100mg 20 mg/mL		1	1
Midazolam (Versed) 5mg/mL		2 Total 10mg	2 Total 10mg
Nitroglycerin Paste		2	1
Nitroglycerin, tablets or spray, 0.4mg/sL doses		1 bottle	1 bottle
Ondansetron 4mg tab		4	2
Ondansetron 4mg vial		4	2
Sodium Bicarbonate, 50 mEq/50 mL		1	1
Tranexamic Acid 100 mg/mL		1 Gm	1 Gm
Controlled Substance and Administration logs		1	1
NS 100cc bag		2	1
NS 1000cc bag		4	2
NS Flush, 10cc		6	3
IV/IO/IM/IN Medication Administration			
22 gauge catheter, over the needle		2	2
20 gauge catheter, over the needle		4	4
18 gauge catheter, over the needle		4	4
16 gauge catheter, over the needle		2	2
14 gauge catheter, over the needle		2	2
Intraosseous (EZ-IO)	Drill	1	1
	(15mm) Needle	1	1
	(25mm) Needle	1	1
	(45mm) Needle	1	1
Syringes:	1cc	8	4
	3cc (twin-pak)	8	4
	5cc (twin-pak)	4	2
	10cc (twin-pak)	8	4
	60cc	2	1
25 gauge IM Needles **		4	2

ALS EQUIPMENT		ALS Ambulance	ALS 1st Response
Filter Needles** (required if carrying ampules)		2	2
Saline locks with extension		4	2
Micro drip IV tubing (with luer lock connection)		2	2
Macro drip IV tubing (with luer lock connection)		2	2
IV Arm board (small)		1	1
Miscellaneous			
"Sharps" container, large in rig		1	0
"Sharps" container, small box / bag		1	1
Alcohol prep pads		20	10
Chlorhexidine prep pads		10	10
BLS EQUIPMENT		**ALS/BLS/CCT Ambulance**	**ALS/BLS 1st Response**
Defibrillator/Diagnostic			
Automated External Defibrillator (AED)		1 BLS Only	1 BLS Only
AED Patches	Adult	2 BLS Only	2 BLS Only
	Pediatric	1 BLS Only	1 BLS Only
Stethoscopes		1	1
Manual Blood Pressure Cuffs	Adult	1	1
	Pediatric	1	1
	Thigh cuff	1	1
Thermometer		1	1
Medication: LOSOP/Standard Scope			
Epinephrine auto-injector 1:1000 0.3mg		1^^	1^^
Epinephrine auto-injector 1:1000 0.15mg		1^^	1^^
Naloxone hydrochloride 2mg		2^^	1^^
Mucosal Atomization Device (MAD)		2^^	1^^
Oral glucose 15g		2	1

BLS EQUIPMENT		ALS/BLS/CCT Ambulance	ALS/BLS 1st Response
BLS Airway/Oxygenation			
Oropharyngeal		1 set	1 set
Nasopharyngeal (Sizes 28, 30, 32, 34)		1 set	1 set
KY Jelly		8	4
Adult (non-rebreather)		4	2
Pediatric (non-rebreather)		2	2
Adult (cannulas)		4	2
Pediatric (cannulas)		2	2
Pulse Oximeter (Adult capable)		1	1 Optional for BLS
Pulse Oximeter (Pediatric capable)		1	1 Optional for BLS
Fixed vehicle O_2 tank with regulator ≥ M		1	N/A
Portable D cylinder O_2 with regulator		2	2
O_2 extension tubing		1	1
Bag/valve mask with reservoir (Adult)		2	1
Bag-Valve mask with reservoir (Pediatric)		1	1
Bag-Valve mask with reservoir (Infant)		1	1
Neonatal (Mask only)		1	1
Suction Equipment	Portable (battery powered)	1	1
	Wall unit	1	N/A
	Suction liners/basins	2	1
	Connecting tubing	2	1
	Pharyngeal tonsil tip (rigid)	2	2
	French Catheter (Soft)	2	2
Bandaging/Trauma			
Trauma Dressing (minimum 10x30)		2	1
Abd Combine Pad (minimum 5x9)		2	1
4" x 4" sterile compresses		8	4
Petroleum gauze (4x4)		2	2
QuikClot® Gauze (Roll)		2	2
Rolled gauze bandages		4	4

BLS EQUIPMENT		ALS/BLS/CCT Ambulance	ALS/BLS 1st Response
40" triangular bandages		2	1
Bandage shears		1	1
Tourniquet (CAT™, SOF® or the MAT™)		2	1
1" roll adhesive tape		2	1
2" roll adhesive tape		2	1
Band-Aids (Box)		1 Box	1 Box
Burn sheets, sterile		2	2
Adult Cervical Collars (No Neck, Short, Regular, & Tall)		2/size or 2 adjustable	2/size or 2 adjustable
Pediatric Cervical Collars (Pedi, Midi, & Mini)		2/size or 2 adjustable	2/size or 2 adjustable
Cold packs		4	4
Traction Splint - Adult		1	1
KED		1	0
Pelvic Binder (T-POD or SAM Pelvic Sling II)		1	1
Splints: (small, medium & large)		2 each	2 each
Backboard, Scoop, or CombiCarrier II ∞		2	2
FASPLINT (Halfback)		Optional	Optional
FASPLINT (Full body)		Optional	Optional
RedVac or equivalent		Optional	Optional
Spider Straps or equivalent		2	1
Pedi-Board or equivalent with straps		1	Optional
Water, sterile, 1000 cc		1	1
Saline, sterile, 1000 cc		1	1
Personal Protective Equipment			
Masks	Surgical	10	5
	N95/P-100	4	4
Gloves, disposable box (latex free) 1 box of each size S M L XL		1 each	1 each
Helmets with eye protection		1 per crew member	1 per crew member
Leather palmed gloves (pair)		1 per crew member	1 per crew member
High visibility vest (DOT approved)		1 per crew member	1 per crew member

BLS EQUIPMENT		ALS/BLS/CCT Ambulance	ALS/BLS 1st Response
Transportation			
Stretchers	Ambulance gurney	1	N/A
	Stair Chair or equivalent	1	Optional
Linen	Pillow	1	0
	Pillow cases	2	0
	Blankets (Yellow/CHP)	2	1
	Sheet	2	0
Miscellaneous			
Triage tags DMS All Risk Tags)		25	15
Felt tip marker		1	1
Clipboard		1	1
VHF Radio programmed with local frequencies		1 each	1 each
Bedpan and urinal		1	0
Unit access to current Napa County EMS Treatment Guidelines/Administrative Policies		1	1
Emesis basins or equivalent		2	1
Obstetrical kit, sterile		1	1
Restraints (Hard or soft)		1 set	0
Access to Napa County map		1	1
Flashlight, six-volt or equivalent		2	1
Triangle reflectors or 30-min flares		1 set or 6 flares	1 set or 6 flares
Fire extinguisher		1	1
Mechanical CPR Device		Required on select EMS Response Vehicles	

^^ BLS LOSOP item (optional for BLS Only)

++ ALS LOSOP item (optional for ALS Only)

° Backboards must be padded.

******** *All needles shall meet Cal OSHA Safer Sharps requirements*

EMS Exposure Management

EMS ADMINISTRATION 402

PURPOSE

I. To help facilitate timely and effective communication between multiple agencies/providers concerning all faucets of exposure management.

II. To provide guidelines and procedures for EMS prehospital personnel, to reduce risk of infectious disease exposure to themselves and patients, and to evaluate and report suspected exposures of communicable diseases.

A. Although the presence of disease-causing agents may or may not be known, these agents may be present in body fluids and substances. Even healthy persons may carry and be capable of transmitting disease.

B. Precautions identified in this policy are intended to provide prehospital personnel with information to safely care for all patients, regardless of disease status.

POLICY

I. EXPOSURE RISK REDUCTION

A. Prehospital Personnel Shall:

1. Follow employer's policies/procedures for infection control to protect both patients and themselves.
2. Use standard precautions in all patient contacts. Additional barrier precautions are to be used based on the potential for exposure to blood-borne and air-borne pathogens.
3. Wash hands, prior to and following patient contact at a minimum, regardless of the use of gloves or other barrier precautions. Thorough hand washing with soap and water is the most effective infection control activity for prehospital personnel. Waterless hand sanitizers are an option if soap and water are not available.

B. Provider Agency Shall:

1. Comply with all federal, state, and local regulations regarding infectious disease precautions.
2. Establish and maintain a written exposure control plan designed to eliminate or minimize employee exposure. This plan shall include a procedure to be used if an employee is possibly exposed to a communicable disease and this plan shall be made easily accessible.
3. Designate an infection control officer to evaluate and respond to possible infectious disease exposure of provider agency's prehospital personnel. Duties include, but are not limited to:
    a. Must be available or designate an alternate to be available on a 24/7 basis.
    b. Must have a working knowledge of infection control management; including:
        i. Precautions, procedures and reporting requirements.
4. Make available equipment, supplies and training necessary for prehospital personnel to reasonably protect themselves and their patients against infectious disease exposure.

C. Receiving Facility Shall: (Receiving hospitals should have staff procedures for):

1. Assisting “possibly exposed prehospital personnel” in assessing the significance of the exposure, and the need for and provision of prophylaxis.
2. Obtaining the appropriate testing to determine whether or not the source patient is infected with a communicable disease.
3. Identify and designate an area for the decontamination of soiled equipment and supplies. This area shall be readily accessible to EMS personnel.

II. EXPOSURE DEFINTION

A. A significant communicable disease exposure is defined by criteria set by the Centers for Disease Control (CDC) and the Local Public Health Department and may include:

1. Contact with patient's blood, bodily tissue, or other body fluids containing visible blood on non-intact skin (e.g. open wound; exposed skin that is chapped, abraded, affected with a rash) and/or mucous membranes (e.g., eye, mouth).
2. Contaminated (used) needle stick injury.
3. Unprotected mouth-to-mouth resuscitation.
4. Face-to-face contact in areas with restricted ventilation with patients who have airborne communicable diseases (e.g. H1N1, Avian flu, tuberculosis or meningitis).
5. If extent of exposure is in question contact Napa County Public Health Department for additional guidance.

III. RESPONSIBILITIES IN A CASE OF SUSPECTED EXPOSURE

A. Individual that may have been exposed shall:

1. Contact his or her employer’s Infection Control Officer/Designated Officer as soon as possible to determine the extent of the exposure and if follow-up recommendations including prophylaxis if required.
2. Refer to employer’s internal notification requirements and internal policy for direction and advice on reporting, evaluation and treatment.
3. Complete a Napa County EMS Agency **Notification of Possible Communicable Disease Exposure Form**.
    a. Submit form to appropriate parties according to instructions on the form.
4. If a confirmed exposure is identified, the exposed individual needs to register as a “Patient” with either Work Health/OccuMed or the ED.

B. Employer of the individual who may have been exposed should:

1. Assess the potential exposure to determine if the exposure meets the definition as defined above.
2. Ensure the individual with a suspected exposure is instructed to report immediately to emergency department or other health treatment facilities for risk assessment and determination of need for prophylactic treatment.
3. Ensure that exposed individual has completed and submitted the Napa County EMS Agency **Notification of Possible Communicable Disease Exposure Form**.

a. In situations where the exposed individual does not report to the hospital that received the source patient, the form should be faxed to that receiving Hospital's Emergency Department Charge Nurse.

b. The exposed individual or his/her provider agency/designated officer is responsible for confirming that the faxed form was received.

4. Follow-up with ALL employees to confirm all appropriate procedures have taken place.

C. Receiving hospitals should take the following action for the source patient:

1. Evaluate source patient for any history, signs or symptoms of a communicable disease.
2. Obtain consent (if applicable) to, and collect appropriate specimens (e.g. blood, sputum) from the source patient necessary to determine potential risk to the exposed person.
3. Expedite the testing process (select the tests with rapid turnaround in mind); to the extent possible, in consideration of the exposed individual's concerns and the need for continued prophylactic care.
4. Confirm receipt of a Napa County EMS Agency **Notification of Possible Communicable Disease Exposure Form** and promptly report any reportable communicable diseases found in the source patient to the Public Health Division's Communicable Disease Program in accordance with the form instruction; as well as on the CMR form as required by law.
5. Notify ALL agencies (e.g. Fire Department/EMS personnel, law enforcement, etc.) who participated in patient care treatment to determine potential risk. Additionally, notification to exposed personnel's on-duty supervisor and/or designated officer shall be made.

D. Receiving hospitals should take the following action for the exposed individual:

1. Actively assist exposed prehospital personnel in evaluating risk and recommending and/or providing appropriate prophylactic care when indicated.
2. Obtain blood and necessary tests from the exposed prehospital person if necessary to determine base-line status.
3. If a confirmed exposure is identified, the exposed individual will register as a "Patient" with either Work Health/OccuMed or the ED. It is imperative these facilities assist prehospital personnel who have had exposures by expediting treatment/testing to allow for rapid return to duty if medically appropriate.
4. Follow-up with exposed individual(s) ASAP with test results and/or additional information.
5. Emergency departments are expected to follow CDC guidelines when managing prehospital exposure to potentially infectious substances. Go to http://www.cdc.gov/ for the latest information.

Multi-Casualty Incident

EMS ADMINISTRATION 403

PURPOSE

I. The Multi-Casualty Incident (MCI) policy is designed to provide guidance to assist emergency response personnel in ensuring adequate and coordinated efforts to minimize loss of life, disabling injuries and human suffering within the County of Napa.

POLICY

I. CONCEPTS

A. The overarching goal in mitigating a MCI event is rapid triage and transportation of patients to the most appropriate receiving facility. Resources must function within their pre-assigned responsibilities; i.e. fire service personnel should focus efforts towards incident command, triage and disentanglement/extrication while transportation providers should focus on treatment and rapid transportation.

B. The first resource on-scene should provide a scene size-up/wind shield survey of the incident, request appropriate resources and provide additional/pertinent information as needed.

C. Upon arrival at the incident, check in at designated “check-in location”. Check-in may be found at the Incident Command Post (ICP), staging areas or other identified location. If you are instructed to report directly to the incident, check in with immediate ICS supervisor and obtaining a briefing and assignment

D. First ambulances to leave the scene should transport to the hospitals closest to the incident.

E. If sufficient resources are available, the next round of ambulances to leave the scene should transport to the most appropriate distant hospital and work back towards those that are closest to the incident.

F. Air ambulances should transport to the hospitals furthest from the incident unless the needs of a specialty center apply.

II. COMMUNICATIONS

A. The response and mitigation of multiple patient events require the participation of public and private resources through coordinated efforts. The following Emergency Communications Centers will be responsible for the following:

1. Napa Central Dispatch
    a. Initial notification/alerting of personnel/agencies.
    b. Maintenance of normal day-to-day EMS response; e.g. Level 0 SOP.
    c. Ambulance and fire response to incident, zone coverage.
    d. Fire Mutual Aid.
        i. CAL FIRE ECC (St. Helena).
    e. Initial notification/alerting of personnel/agencies.
    f. Fire response to incident.
    g. Fire Mutual Aid.
    h. EMS Aircraft.

POLICY

III. ALERTS

A. An Alert may be requested by (but not limited to) any emergency service responder, dispatcher, the Napa County EMS Agency Duty Officer, and/or the Napa County Medical Health Operational Area Coordinator (MHOAC).

B. Provides an early notification to prepare the EMS System for larger than expected numbers of patients. Alerts will either be elevated to an Activation or cancelled once the incident has been appropriately evaluated.

Examples of Alerts

- Any accident with reports of multiple injured patients that could overwhelm local resources.
- Complete or partial failure of EMS system critical infrastructure (hospital compromise, communications system, etc.).
- Potential or actual public health emergency.
- Natural occurrences such as fire, flood, earthquake, etc.
- Facility evacuation (skilled nursing, hospitals, schools, high rise, etc.).

Fire / EMS Communications Actions

- Notify EMS Provider Agencies, EMS Agency Duty Officer, and Law/Fire Command of alert.
- EMS Communications Centers ascertain 911 ambulance system levels.
- EMS Agency Duty Officer monitors incident and system events to ensure maintenance of normal EMS system operations and plans for system and operational changes as needed.
- Normal ambulance operations may be modified; e.g., off-duty times altered and interfacility transports suspended.
- EMS Communications Centers will provide continual incident updates to all appropriate agencies/departments.

IV. ACTIVATIONS

Activation of the MCI Plan should be made by the first responder agency or ambulance provider upon determination of need based on incident specific information. Such determination may be made prior to on-scene arrival if the responding agency has reasonable information indicating that the incident will require MCI based operations. Depending on the nature, size and complexity of the event, certain activities may be modified from normal daily operating procedures.

Fire / EMS Communications Actions

- Notify EMS Provider Agencies, the Napa County EMS Agency Duty Officer and Law/Fire Command of activation.
- Normal ambulance operations will be modified; e.g. interfacility transports will be suspended.
- Refer to Level 0 Management Procedures SOP.
- Coordinate with the EMS Agency Duty Officer regarding ambulance strike team request(s) once the Level 0 Management Procedures SOP has been exhausted.
- EMS Communications Centers will provide continual incident updates to all appropriate agencies/departments.

POLICY

First Responder Actions

- 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/JumpSTART).
- Establish command or contact the IC and determine the areas to be used for triage, treatment and for ambulance staging.
- Move victims to patient treatment area(s).
- Assist with rescue, stabilization, fire control, hazard reduction, treatment and triage personnel as requested.

EMS System Actions

- The EMS Agency Duty Officer may initiate actions to ensure the integrity of the EMS System.
- The MCI Coordinating Facility (Queen of the Valley medical Center) will request hospitals to complete bed availability query.
- The County Health Officer will be notified.
- Region II Disaster Medical/Health Coordinator may be notified as appropriate.

V. MCI COORDINATION FACILITY

A. Queen of the Valley Medical Center (QVMC) has been pre-designated as the MCI Coordination facility. The detailed roles and functions of the MCI Coordination facility are specified in the MCI Plan. These include but aren't limited to the following:

1. Hospital resource coordination.
2. Planning for casualty distribution with on-scene personnel and receiving hospitals.

VI. MCI HOSPITAL CAPACITY AND DESTINATION

B. The "First Wave" and "Second Wave" patient distribution matrix is managed by the MCI Coordinating Facility (QVMC) to determine appropriate patient destination.

C. START/Jump START categorization is the primary factor in determining appropriate patient destination. Trauma Triage Criteria for destination decision may be considered but it is secondary to START/Jump START triage categorization.

D. Destinations for specialty patients, e.g. burns, pediatric, may be considered provided it does not consume transport resources that may be needed for overall scene management.

E. Limited use of casualty collection points/field treatment sites may be implemented for larger incidents.

VII. PATIENT TRACKING

A. The Transportation Unit Leader is charged with the responsibility with establishing communications with the MCI Coordinating Facility (QVMC). It is strongly recommended to establish this communication early in the incident; regardless of size or complexity. QVMC can assist with the determination of destinations for patients in addition will advise appropriate hospitals and medical facilities of pertinent updates.

B. The Napa County EMS Agency **Multi-Casualty Incident Patient Tracking Form** should be used for tracking and transportation destinations for patients.

MCI Hospital Capacity & Destination Form

FIRST WAVE

Hospital	1st Wave Available / Sent			2nd Wave Available / Sent			Poll #2 Available / Sent			Comments
	I	D	M	I	D	M	I	D	M	
Queen of the Valley	1	3								
707-257-4014										
SR Memorial	2	3								
707-525-5880										
North Bay Med Ctr.	1	2								
707-646-5825										
Kaiser Vacaville	1	2								
707452-9892										
UC Davis	1	2								
916-734-5669										
John Muir	1	2								
925-939-5800										
Marin General	1	2								
415-925-7200										
Children's Oakland	1	2								
510-428-3240										
St. Helena Hospital	1	2								
707-963-6425										
Sutter Solano	1	2								
707-554-5210										
Kaiser Vallejo	1	2								
707-651-3713										
Travis AFB	1	2								
707-423-3826										
Petaluma Valley	1	2								
707-778-2676										
Kaiser Santa Rosa	1	2								
707-393-4040										
Sutter Santa Rosa	1	2								
707-576-404										
Sonoma Valley	1	2								
707-935-5100										
Sutter Novato	1	2								
415-209-1350										
Kaiser San Rafael	1	2								
415-444-2410										

Napa County Emergency Medical Services (EMS) Agency

Multi-Casualty Incident Patient Tracking Form

Date: _____ **Incident Name:** _____ **Location:** _____ **Med Com:**_____

	Tag #	Destination	Category (I, D, M, X)	Chief Complaint	Transport Unit/Agency	Transport Method	Age / DOB	Sex	Time Left Scene	Notes
1	*5078*	*QVMC*	*I*	*ALOC*	*AMR M-53*	*Ground*	*33*	*M*	*16:14*	
2										
3										
4										
5										
6										
7										
8										
9										

MULTI-CASUALTY INCIDENT PATIENT TRACKING FORM

	Tag #	Destination	Category (I, D, M, X)	Chief Complaint	Transport Unit/Agency	Transport Method	Age / DOB	Sex	Time Left Scene	Notes
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										