

MAC 429

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|--|--|--------------------------|---|---|----------|
| Event Name: | | Scarce Resource MACS 429 | | Operational Period: Date: Time: | |
| Requesting Entity Information: | | | | | |
| County population: | | | Items Requested: | | |
| Community Impact | CATEGORY A: Total Number of positive cases in the County (DISREGARD FOR VENTILATORS) | | Rating Score | Comments | |
| | >1000 | | 4 | | |
| | 501-1000 | | 3 | | |
| | 101-500 | | 2 | | |
| | 0-100 | | 1 | | |
| | N/A | | 0 | | |
| | CATEGORY B: Total Number of COVID-19 positive cases hospitalized per county | | Rating Score | Comments | |
| | >20 | | 4 | | |
| | 10-20 | | 3 | | |
| | 5-10 | | 2 | | |
| | 1-5 | | 1 | | |
| | N/A | | 0 | | |
| | CATEGORY C: Population Density | | Rating Score | Comments | |
| | > 500 ppl p/sq. mi | | 4 | | |
| | 300 to 500 ppl p/sq. mi | | 3 | | |
| | 201 to 300 ppl p/sq. mi | | 2 | | |
| < 200 ppl p/sq. mi | | 1 | | | |
| CATEGORY D: Percentage of population >65 years old in county | | Rating Score | Comments | | |
| >15% | | 4 | | | |
| 10-15% | | 3 | | | |
| 5-9% | | 2 | | | |
| 0-4% | | 1 | | | |
| N/A | | 0 | | | |
| Facility Impact | CATEGORY E: Number of Available Beds | | <input type="checkbox"/> Hospital <input type="checkbox"/> County | Rating Score | Comments |
| | 0-10 | | | 4 | |
| | 11-50 | | | 3 | |
| | 51-150 | | | 2 | |
| | 151+ | | | 1 | |
| | N/A | | | 0 | |
| Personnel | CATEGORY F: Does the site need personnel to open? | | | Rating Score | |
| | Yes | | | 4 | |
| | No | | | 0 | |
| | CATEGORY G: Patient capacity | | <input type="checkbox"/> Hospital <input type="checkbox"/> FMS/ACS | Rating Score | |
| | 0-50 | | | 4 | |
| | 51-100 | | | 3 | |
| | 101-150 | | | 2 | |
| | 151+ | | | 1 | |
| | N/A | | | 0 | |
| | CATEGORY H: Current Patient Census | | <input type="checkbox"/> Hospital <input type="checkbox"/> FMS/ACS | Rating Score | Comments |
| 51+ | | | 4 | | |
| 26-50 | | | 3 | | |
| 15-Nov | | | 2 | | |

| | | | | |
|------------------------------|--|-----------------------|--------------|-----------------------|
| | 0-10 | | 1 | |
| | N/A | | 0 | |
| PPE or Med Requests | CATEGORY I: How many days left of requested item (including cache)? | | Rating Score | Comments |
| | < 4 days remaining | | 4 | |
| | 7 days remaining | | 3 | |
| | 10 days remaining | | 2 | |
| | >14 day | | 1 | |
| | N/A | | 0 | |
| Equipment Requests | CATEGORY J: How many of requested item are left (including cache)? | | Rating Score | |
| | | | 4 | |
| | | | 3 | |
| | | | 2 | |
| | | | 1 | |
| | N/A | | 0 | |
| Vent | CATEGORY K: Are you out of vents? | | | |
| | Yes - Call the facility | | | |
| | No | | | |
| | CATEGORY L: Ventilator Safety Factor = (Total Vents Available) ÷ (ICU Beds Available) () ÷ () = _____ | | Rating Score | |
| | | | 4 | |
| | | | 3 | |
| | | | 2 | |
| | | | 1 | |
| | | | 0 | |
| | CATEGORY M: Percent Ventilator Use = (Total Vents in Use) / (Total Vents On Site) x 100 () ÷ () X 100 = _____ | | Rating Score | |
| | | | 4 | |
| | | | 3 | |
| | | 2 | | |
| | | 1 | | |
| | | 0 | | |
| TOTAL INCIDENT RATING SCORE: | | | | |
| TOTAL APPROVED: | | | | |
| Signature: Executive | | Signature: Reviewer 1 | | Signature: Reviewer 2 |
| | | | | |