

Event-Related Data

1.	Patients waiting to be seen:	Total: _____ Pediatric (<16 yrs): _____
2.	Total number of admissions related to incident:	Total: _____ Pediatric (<16 yrs): _____
3.	Total number of ED visits related to the incident (including admissions listed in question 2 and not including patients waiting in question 1):	Total: _____ Pediatric (<16 yrs): _____
4.	Total number of mortalities related to the incident (including DOAs):	Total: _____ Pediatric (<16 yrs): _____
5.	Total number of admissions (for any reason) since _____ (insert date):	
6.	Total number of ED visits (for any reason) since _____ (insert date):	
7	Does your facility currently have any unidentified patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7a.	If yes to question 6, how many unidentified patients are currently at your facility?	Total: _____ Adult: Male ____ Female ____ Pediatric: (<16 yrs) Male ____ Female ____
8.	Have any unidentified patients expired at your facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8a.	If yes to question 7, how many unidentified patients expired at your facility?	Total: _____ Adult: Male ____ Female ____ Pediatric: (<16 yrs) Male ____ Female ____
9.	Decontamination capacity (patients per hour)	