

WebEOC Medical Facility Status (Radio/Fax)

WebEOC: c190329
PDF: 190329

Radio Operator Only:

Origin Msg #:

Destination Msg #:

This Section to be Completed by Hospital Personnel:

(Underlined=Required)

Date: **Time** (24hr): **Handling:** ☐ Immediate (ASAP) ☐ Priority (<1 hr) ☐ Routine (<2 hr)

T O	<u>ICS Position:</u>	F R O M	<u>ICS Position:</u>
	<u>Location:</u>		<u>Location:</u>
	Name		Name
	Contact Info:		Contact Info:

Hospital Name:

Medical Facility Status (Required: Select a status for each area. Optional: Enter a comment)

Diversion	(Pick One) <input type="radio"/> Unknown (Grey) <input type="radio"/> Open (Green) <input type="radio"/> Diverting Ambulances (White)
	<input type="radio"/> Internal Disaster (Black) <input type="radio"/> Specialty Bypass (Yellow)
	Comment:
Decon	(Pick One) <input type="radio"/> Unknown (Grey) <input type="radio"/> Not Available (Orange) <input type="radio"/> Active (Green)
	<input type="radio"/> Available (Yellow)
	Comment:
Command Ctr	(Pick One) <input type="radio"/> Unknown (Grey) <input type="radio"/> Inactive (Green) <input type="radio"/> Activated (Red)
	Comment:
Morgue	(Pick One) <input type="radio"/> Unknown (Grey) <input type="radio"/> Open (Green) <input type="radio"/> Full (Yellow)
	Comment:
Power	(Pick One) <input type="radio"/> Unknown (Grey) <input type="radio"/> Normal (Green) <input type="radio"/> Generator (Yellow)
	<input type="radio"/> None (White)
	Hours of Fuel Remaining: Comment:
Building	(Pick One) <input type="radio"/> Unknown (Grey) <input type="radio"/> Restricted Use (White) <input type="radio"/> Unsafe to Occupy (White)
	<input type="radio"/> Not Inspected (White) <input type="radio"/> Safe to Occupy (Yellow) <input type="radio"/> Normal (Green)
	<input type="radio"/> Compromised (White) <input type="radio"/> Evacuating (Red) <input type="radio"/> Closed (White)
Security	(Pick One) <input type="radio"/> Unknown (Grey) <input type="radio"/> Normal (Green) <input type="radio"/> Elevated (Yellow)
	<input type="radio"/> Restricted Access (Orange) <input type="radio"/> Lockdown (Red)
	Comment:
Staffing	(Pick One) <input type="radio"/> Unknown (Grey) <input type="radio"/> Adequate (Green) <input type="radio"/> Insufficient (Red)
	Comment:
Medical Facility Supplies	(Pick One) <input type="radio"/> Unknown (Grey) <input type="radio"/> Adequate (Green) <input type="radio"/> Insufficient (Red)
	Comment:
Clinical Supplies	(Pick One) <input type="radio"/> Unknown (Grey) <input type="radio"/> Adequate (Green) <input type="radio"/> Insufficient (Red)
	Comment:

Patient Flow (Optional: Indicate quantity for each)			
Ambulatory Patients to Evacuate			
Non-Ambulatory Patients to Evacuate			
Patients Treated and Released			
Patients Admitted (Last 12 Hours)			
Patients Not Yet Seen			
Specialty Service Capabilities (Required: Select Yes or No for each service)			
Specialty Service	Available Now?	Reason Closed	Expected Reopening
Cardiology	<input type="radio"/> Yes <input type="radio"/> No		
Dialysis	<input type="radio"/> Yes <input type="radio"/> No		
Emergency Department	<input type="radio"/> Yes <input type="radio"/> No		
Neurology	<input type="radio"/> Yes <input type="radio"/> No		
Obstetrics	<input type="radio"/> Yes <input type="radio"/> No		
Obstetrics: Labor & Delivery	<input type="radio"/> Yes <input type="radio"/> No		
Ophthalmology	<input type="radio"/> Yes <input type="radio"/> No		
Orthopedics	<input type="radio"/> Yes <input type="radio"/> No		
Pediatrics	<input type="radio"/> Yes <input type="radio"/> No		
Surgery	<input type="radio"/> Yes <input type="radio"/> No		
Evacuation (Required: Select Yes or No)			
Hospital is evacuating:	<input type="radio"/> Yes <input type="radio"/> No		

Radio Operator Only:			
Relay From:		Relay To:	
Name:	Call Sign:	Date:	Time (24hr):

WebEOC Medical Facility Status (Radio/Fax)

Purpose: The WebEOC Medical Facility Status (Radio/Fax) form is used to send an update to the WebEOC Medical Facility Status board when direct access to WebEOC is not available.

Instructions for Hospitals:

Field	Instructions
Date	<u>Required</u> . Enter the date created.
Time	<u>Required</u> . Enter the time created. Use 24-hour time.
Handling	<u>Required</u> . Select one. For this form, typically: Immediate. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	
ICS Position	<u>Required</u> . Enter the ICS position name. For HAvBed, typically: EMS Unit
Location	<u>Required</u> . Enter the location. For HavBed, typically: "MHJOC" if it is open, otherwise "County EOC"
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the sender/recipient.
Hospital Name	<u>Required</u> . Enter the name of the hospital
Medical Facility Status	<u>Required</u> . Select one of the values shown for each status area. Optional. Enter a comment if desired.
Patient Flow Info	Optional.
Specialty Service Capabilities	<u>Required</u> . Select Yes or No. Optional. Enter a "Reason Closed" and an "Expected Reopening" date.
Evacuation	<u>Required</u> . Select Yes or No.

Instructions for Radio Operators:

Field	Instructions
Origin Msg #	<u>Required</u> . Enter the message number of the original sending station.
Destination Msg #	<u>Required</u> . Enter the message number of the ultimate destination station.
Relay From	When relaying: Enter the call sign of the station that relayed the message to you
Relay To	When relaying: Enter the call sign of the station that you relayed the message to
Name	<u>Required</u> . Enter the first initial and last name of the radio operator that handled the message.
Call Sign	<u>Required</u> . Enter the call sign of the radio operator that handled the message.
Date	<u>Required</u> . Enter the date the message was sent/received.
Time	<u>Required</u> . Enter the time the message was sent/received. Use 24-hour time.