We	WebEOC Medical Facility Status  WebEOC: 20160101 PDF: 190531										
Radio Operator Only: Origin Msg #:					Destinat						
This	Section to be	Complete	d by Hospit	<mark>al Personne</mark>	el:				( <u>Underlined=Required</u> )		
Date:		<u>Time</u> (24	4hr): Handling:		Olmr	Immediate (ASAP) OP		i <b>ty</b> (<1 hr)	ORoutine (<2 hr)		
	ICS Position:	1		l		ICS Position:					
_	Location:					Location:					
T 0	Name:					Name:					
_	Contact Info:					Contact Info:					
<u>Rep</u>		•	date OComplete ant: See Instructions!  Hospital Name:								
Me	dical Facility	Status				(If Rep	port Type=0	Complete, the	en <u>Underline=Required</u> )		
		( <u>Pick One</u> ) <b>OUnknown</b> (Grey)			Oor	<b>oen</b> (Green)	C	ODiverting Ambulances (White)			
Diversion		OInternal Disaster (Black)				)			OSpecialty Bypass (Yellow)		
		Comment:									
Decon		(Pick One) OUnknown (Grey)			Ond	ONot Available (Orange)			een)		
Dec	OII	OAvailable (Yellow) Comment:									
		( <u>Pick One</u> ) <b>OUnknown</b> (Grey)			Olna	Olnactive (Green)		OActivated (Red)			
Command Ctr		Comment:									
Mor	gue	(Pick One) OUnknown (Grey)			Oor	Oopen (Green)		OFull (Yellow)			
IVIOI	gue	Comment:									
		( <u>Pick One</u> )	OUnknown (Grey) ONone (White)			ONormal (Green)		Generato	<b>r</b> (Yellow)		
Pow	/er	Hours of Fuel Remaining:									
•		Comment:									
Building Security		( <u>Pick One</u> )	_		ORe	ORestricted Use (White)		Ounsafe to Occupy (White)			
		ONot Inspected (White)			_	<b>fe to Occupy</b> (Ye		ONormal (Green)			
			OCompromised (White)			acuating (Red)		Oclosed (White)			
		Comment:									
		(Pick One) OUnknown (Grey)				ONormal (Green)		O Elevated (Yellow)			
Seci	urity	ORestricted Access (Orange)  Comment:									
		(Pick One)	OUnknow	<b>n</b> (Grev)	OAc	lequate (Green)	C	Insufficie	<b>nt</b> (Red)		
Staf	fing	Comment:									
Med	dical Facility	( <u>Pick One</u> ) <b>OUnknown</b> (Grey)			Оас	lequate (Green)	C	OInsufficient (Red)			
	plies	Comment:									
<b></b>		( <u>Pick One</u> )	OUnknow	<b>1</b> (Grey)	Одо	lequate (Green)	C	Insufficie	<b>nt</b> (Red)		
Clinical Supplies		Comment	:								

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Radio Origin Msg #:

Webloe Medical Facility Status				Tradio Origin 14156 II	
Patient Flow			(Optional: Inc	dicate quantity for each)	
Ambulatory Patients to Evacua					
Non-Ambulatory Patients to Ev					
Patients Treated and Released					
Patients Admitted (Last 12 Hou	rs)				
Patients Not Yet Seen					
Specialty Service Capabilities (If Report Type=Complete, then <u>Underline=Required</u> )					
Specialty Service	<u>Availa</u>	ble Now?	Reason Closed		Expected Reopening (Date)
Cardiology	Оуе	s ONo			
Dialysis Oye		s ONo			
Emergency Department O		s ONo			
Neurology		s ONo			
Obstetrics Oye		s ONo			
Obstetrics: Labor & Delivery	Оуе	s ONo			
Ophthalmology	Оуе	s ONo			
Orthopedics	Оүе	s Ono			
Pediatrics OYe		s ONo			
Surgery Oye		s Ono			
Evacuation				(If Report Type=Complete, th	en <u>Underline=Required</u> )
Hospital is evacuating:	ONo	Oyes			
Radio Operator Only:					

Radio Operator Only:						
Relay: Rcvd:		Sent:				
Name:	Call Sign:		Date:	Time (24hr):		

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## **Instructions: WebEOC Medical Facility Status**

**Purpose:** This WebEOC Medical Facility Status form is used to send WebEOC Medical Facility Status board information via alternative means (radio, fax, e-mail, ...) when direct access to WebEOC is not available.

## **Instructions for Hospitals:**

Field	Instructions						
Date	Required. Enter the date created.						
Time	Required. Enter the time created. Use 24-hour time.						
Handling	Required. 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	If needed, radio operator can suggest most appropriate TO position and location.						
ICS Position	Required. Enter the ICS position name. For this form, typically: EMS Unit						
Location	Required. Enter the location. For this form, typically: "MHJOC" if it is open, otherwise "Santa						
	Clara County EOC"						
Name	Optional. Enter only if the message is to a specific individual.						
Contact Info	ct Info Optional. Enter a phone number, frequency or other info that may help reach the						
	sender/recipient.						
Report Type Required.							
	Update: Normal mode. Recipient should only replace fields in WebEOC that are entered						
	here. Other fields should retain their current values. To tell the recipient to clear a text						
	field in WebEOC, write "{CLEAR}" in the field. To append to existing data in a WebEOC text						
	field, write "{APPEND}", followed by the text to be appended.						
	• Complete: <u>Use with caution.</u> An empty field here tells the recipient to clear the field in						
	WebEOC. Use this to replace all fields in WebEOC with the data provided here, or to report						
	on current status of all WebEOC fields.						
Hospital Name	Name Required.						
Med Facility Status	If Report Type = Complete, then <u>Underlined fields are Required</u> . Otherwise, optional.						
Patient Flow Info	Optional.						
<b>Specialty Services</b>	If Report Type = Complete, then <u>Underlined fields are Required</u> . Otherwise, optional.						
Evacuation	If Report Type = Complete, then <u>Underlined fields are Required</u> . Otherwise, optional.						

## **Instructions for Radio Operators:**

Field	Instructions
Origin Msg #	Required. Enter the message number of the original sending station.
Destination Msg #	Required. Enter the message number of the ultimate destination station.
Relay	When relaying: Enter a call sign and/or time, or other useful mark or info, to indicate status.
Name	Required. Enter the first initial and last name of the radio operator that handled the message.
Call Sign	Required. Enter the call sign of the radio operator that handled the message.
Date	Required. Enter the date the message was sent/received.
Time	Required. Enter the time the message was sent/received. Use 24-hour time.

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