WebEOC Medical Facility Status (Radio)

Radio Operator Only:	Origin Msg #:	Destination Msg #:

This Section to be Completed by Hospital Personnel:

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

T O	ICS Position:	**F R O M**	ICS Position:
	Location:		Location:
	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) ○ **Unknown** (Grey) ○ **Open** (Green) ○ **Diverting Amulances** (White) ○ **Internal Disaster** (Black) ○ **Specialty Bypass** (Yellow)
	Comment:
Decon	(Pick One) ○ **Unknown** (Grey) ○ **Not Available** (Orange) ○ **Active** (Green) ○ **Available** (Yellow)
	Comment:
Command Ctr	(Pick One) ○ **Unknown** (Grey) ○ **Inactive** (Green) ○ **Activated** (Red)
	Comment:
Morgue	(Pick One) ○ **Unknown** (Grey) ○ **Open** (Green) ○ **Full** (Yellow)
	Comment:
Power	(Pick One) ○ **Unknown** (Grey) ○ **Normal** (Green) ○ **Generator** (Yellow) ○ **None** (White)
	Hours of Fuel Remaining:
	Comment:
Building	(Pick One) ○ **Unknown** (Grey) ○ **Restricted Use** (White) ○ **Unsafe to Occupy** (White) ○ **Not Inspected** (White) ○ **Safe to Occupy** (Yellow) ○ **Normal** (Green) ○ **Compromised** (White) ○ **Evacuating** (Red) ○ **Closed** (White)
	Comment:
Security	(Pick One) ○ **Unknown** (Grey) ○ **Normal** (Green) ○ **Elevated** (Yellow) ○ **Restricted Access** (Orange) ○ **Lockdown** (Red)
	Comment:
Staffing	(Pick One) ○ **Unknown** (Grey) ○ **Adequate** (Green) ○ **Insufficient** (Red)
	Comment:
Medical Facility Supplies	(Pick One) ○ **Unknown** (Grey) ○ **Adequate** (Green) ○ **Insufficient** (Red)
	Comment:
Clinical Supplies	(Pick One) ○ **Unknown** (Grey) ○ **Adequate** (Green) ○ **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: Invasive	○Yes ○No		
Cardiology: Non-Invasive	○Yes ○No		
Dialysis	○Yes ○No		
Emergency Department	○Yes ○No		
Neurology: Invasive	○Yes ○No		
Neurology: Non-Invasive	○Yes ○No		
Obstetrics/Gynecology	○Yes ○No		
Obstetrics: Labor & Delivery	○Yes ○No		
Ophthalmology	○Yes ○No		
Orthopedics	○Yes ○No		
Pediatrics	○Yes ○No		
Surgery: Adult General	○Yes ○No		

Evacuation (Required: Select Yes or No)

Hospital is evacuating:	○Yes ○No

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

SCCo WebEOC Medical Facility Status (Radio)

Purpose: The SCCo WebEOC Medical Facility Status (Radio) form is used to update the WebEOC Medical Facility Status board when access to WebEOC is not available (on either end of the connection).

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	
ICS Position	Required. Enter the ICS position name. For HAvBed, typically: EMS Unit
Location	Required. 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	Required. Enter the name of the hospital
Medical Facility Status	Required. Select one of the values shown for each status area. Optional. Enter a comment if desired.
Patient Flow Info	Optional.
Specialty Service Capabilities	Required. Select Yes or No. Optional. Enter a "Reason Closed" and an "Expected Re-Opening" date.

Instructions for Radio Operators:

Write your local message number on the form in case it becomes separated from this routing slip.
Fields are numbered in the order they should be sent over the air.

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 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	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.