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: (<u>Underlined=Required</u>)

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
(<u>Required</u>: Select a status for each area. Optional: Enter a comment)

Diversion	(<u>Pick One</u>) ⦿**Unknown** (Grey) ⦿**Open** (Green) ⦿**Diverting Ambulances** (White) ⦿**Internal Disaster** (Black) ⦿**Specialty Bypass** (Yellow)
	Comment:

Decon	(<u>Pick One</u>) ⦿**Unknown** (Grey) ⦿**Not Available** (Orange) ⦿**Active** (Green) ⦿**Available** (Yellow)
	Comment:

Command Ctr	(<u>Pick One</u>) ⦿**Unknown** (Grey) ⦿**Inactive** (Green) ⦿**Activated** (Red)
	Comment:

Morgue	(<u>Pick One</u>) ⦿**Unknown** (Grey) ⦿**Open** (Green) ⦿**Full** (Yellow)
	Comment:

Power	(<u>Pick One</u>) ⦿**Unknown** (Grey) ⦿**Normal** (Green) ⦿**Generator** (Yellow) ⦿**None** (White)
	Hours of Fuel Remaining:
	Comment:

Building	(<u>Pick One</u>) ⦿**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	(<u>Pick One</u>) ⦿**Unknown** (Grey) ⦿**Normal** (Green) ⦿**Elevated** (Yellow) ⦿**Restricted Access** (Orange) ⦿**Lockdown** (Red)
	Comment:

Staffing	(<u>Pick One</u>) ⦿**Unknown** (Grey) ⦿**Adequate** (Green) ⦿**Insufficient** (Red)
	Comment:

Medical Facility Supplies	(<u>Pick One</u>) ⦿**Unknown** (Grey) ⦿**Adequate** (Green) ⦿**Insufficient** (Red)
	Comment:

Clinical Supplies	(<u>Pick One</u>) ⦿**Unknown** (Grey) ⦿**Adequate** (Green) ⦿**Insufficient** (Red)
	Comment:

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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   (<u>Required</u>: Select Yes or No for each service)

Specialty Service	<u>Available Now?</u>	Reason Closed	Expected Reopening
Cardiology	⭕Yes ⭕No		
Dialysis	⭕Yes ⭕No		
Emergency Department	⭕Yes ⭕No		
Neurology	⭕Yes ⭕No		
Obstetrics	⭕Yes ⭕No		
Obstetrics: Labor & Delivery	⭕Yes ⭕No		
Ophthalmology	⭕Yes ⭕No		
Orthopedics	⭕Yes ⭕No		
Pediatrics	⭕Yes ⭕No		
Surgery	⭕Yes ⭕No		

Evacuation (<u>Required</u>: Select Yes or No)

<u>**Hospital is evacuating:**</u>	⭕Yes ⭕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.