

WebEOC Medical Facility Status				WebEOC: c190329 PDF: 190410		
Radio Operator Only:		Origin Msg #:		Destination Msg #:		
<b>This Section to be Completed by Hospital Personnel:</b> <span style="float: right;">(<u>Underlined</u>=Required)</span>						
<b>Date:</b>		<b>Time (24hr):</b>		<b>Handling:</b> <input type="radio"/> Immediate (ASAP) <input type="radio"/> Priority (<1 hr) <input type="radio"/> 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	
	<u>Contact Info:</u>				<u>Contact Info:</u>	
<b>Report Type:</b> <input type="radio"/> Update <input type="radio"/> Complete <i>Important: See Instructions!</i>				<b>Hospital Name:</b>		
<b>Medical Facility Status</b> <span style="float: right;">(If Report Type=Complete, then <u>Underline</u>=Required)</span>						
<b>Diversion</b>		(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)				
		<b>Comment:</b>				
<b>Decon</b>		(Pick One) <input type="radio"/> Unknown (Grey) <input type="radio"/> Not Available (Orange) <input type="radio"/> Active (Green) <input type="radio"/> Available (Yellow)				
		<b>Comment:</b>				
<b>Command Ctr</b>		(Pick One) <input type="radio"/> Unknown (Grey) <input type="radio"/> Inactive (Green) <input type="radio"/> Activated (Red)				
		<b>Comment:</b>				
<b>Morgue</b>		(Pick One) <input type="radio"/> Unknown (Grey) <input type="radio"/> Open (Green) <input type="radio"/> Full (Yellow)				
		<b>Comment:</b>				
<b>Power</b>		(Pick One) <input type="radio"/> Unknown (Grey) <input type="radio"/> Normal (Green) <input type="radio"/> Generator (Yellow) <input type="radio"/> None (White)				
		<b>Hours of Fuel Remaining:</b>				
		<b>Comment:</b>				
<b>Building</b>		(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)				
		<b>Comment:</b>				
		<b>Comment:</b>				
<b>Security</b>		(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)				
		<b>Comment:</b>				
<b>Staffing</b>		(Pick One) <input type="radio"/> Unknown (Grey) <input type="radio"/> Adequate (Green) <input type="radio"/> Insufficient (Red)				
		<b>Comment:</b>				
<b>Medical Facility Supplies</b>		(Pick One) <input type="radio"/> Unknown (Grey) <input type="radio"/> Adequate (Green) <input type="radio"/> Insufficient (Red)				
		<b>Comment:</b>				
<b>Clinical Supplies</b>		(Pick One) <input type="radio"/> Unknown (Grey) <input type="radio"/> Adequate (Green) <input type="radio"/> Insufficient (Red)				
		<b>Comment:</b>				

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		(If Report Type=Complete, then <u>Underline</u> =Required)	
Specialty Service	<u>Available Now?</u>	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		(If Report Type=Complete, then <u>Underline</u> =Required)	
<u>Hospital is evacuating:</u>	<input type="radio"/> No <input type="radio"/> Yes		

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

## 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	<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.
Report Type	<u>Required</u> . <ul style="list-style-type: none"> <li>• <b>Update:</b> 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.</li> <li>• <b>Complete:</b> <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.</li> </ul>
Hospital Name	<u>Required</u> .
Med Facility Status	If Report Type = Complete, then <u>Underlined fields are Required</u> . Otherwise, optional.
Patient Flow Info	Optional.
Specialty Services	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 #	<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.