WebEOC Medical Facility Status	WebEOC: c190329 PDF: 190407

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

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:**

Report Type: ○**Update** ○**Complete**   *Important: See Instructions!*   **Hospital Name:**

Medical Facility Status
(If Report Type=Complete, then Underline=Required)

Diversion	(Pick One) ○**Unknown** (Grey) ○**Open** (Green) ○**Diverting Ambulances** (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 (If Report Type=Complete, then Underline=Required)

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

Evacuation (If Report Type=Complete, then Underline=Required)

Hospital is evacuating:	O Yes O No

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	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.
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:** _Use with caution._ 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	Required.
Med Facility Status	If Report Type = Complete, then Underlined fields are Required. Otherwise, optional.
Patient Flow Info	Optional.
Specialty Services	If Report Type = Complete, then Underlined fields are Required. Otherwise, optional.
Evacuation	If Report Type = Complete, then Underlined fields are Required. 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 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.