

San Joaquin Operational Area Healthcare Coalition

HOSPITAL STATUS REPORT FORM

Use this form for data collection only, submit the report online at <https://webeoc.sjgov.org/eoc7>

INSTRUCTIONS

The Hospital Status Report is a tool to efficiently communicate your hospital's status, during disasters, to the Medical Health Operation Area Coordinator (MHOAC). Please submit a status report once the decision has been made to activate your Emergency Operations Plan, Command Center or in response to an unusual event.

1. Use this form to collect your hospital's status information
2. Log onto WebEOC <https://webeoc.sjgov.org/eoc7>
3. Enter your username and password
4. Select your position and incident from the drop down menu
5. Click on **EF-08 Public Health and Medical** from the Menu Section of the Control Panel. *(Note: your computer must be setup to allow pop-ups from this site to be able to see the EF-08 Boards)*
6. Click on the "**Status of Hospital Facilities**" link
7. Click on the **New Record** button to create a new report, or click on the **Update** button to update an existing report
8. Complete your status report and click the **Save** button.

If you have any questions or need assistance completing this form please page the EMS Agency Duty Officer at 209-234-5032.

Incident Overview	Instructions
#1	Enter the event type – Real World or Exercise
#2	Enter the complete name of your hospital
#3 & #4	Enter the date and time the report was completed
#5	Check if this is an Initial , Revised or Final Report
#6	Check the type(s) of incident that is occurring at your hospital
#7	Check if your situation is: Worsening , No Change (stable), or Improving
#8	Provide a brief description of the situation
#9	Check the applicable facility status: Fully , Partially , or Not Functional
#10 to #16	Enter the name , the HICS position , and contact information for the person who can answer questions regarding the information on this form.
#17 to #19	Check Yes or No, if the HCC has been activated and enter the telephone and fax numbers
Bed Status	Enter your current and estimated future bed status
#20 to #27	Enter the number of staffed beds currently available, and estimated in 8 and 24 hours
#28	Enter the number of ventilators currently available, and estimated in 8 and 24 hours
#29	Check Yes or No, if your hospital is currently capable of performing patient decontamination at this time
Number of Casualties	Enter information about the numbers and type of casualties you have received during the current reporting period. Refer to the HICS-259 Form
#30	Enter the number of untreated Immediate casualties (START triage category)
#31	Enter the number of untreated Delayed casualties (START triage category)
#32	Enter the number of untreated Minor casualties (START triage category)
#33	Enter the number of casualties treated and released
#34	Enter the number of casualties treated and admitted to the hospital
#35	Enter the number of casualties deceased
#36	Enter your used morgue capacity information
#37	Enter your available morgue capacity information
Evacuation	Enter information regarding an evacuation
#38	Check if you evacuating status, No , Yes - Partially , or Yes - Completely
#39	If you are evacuating, enter how many ambulatory patients are you evacuating
#40	If you are evacuating, enter how many non-ambulatory patients are you evacuating
Impacts	List the impacts of this incident on:
#41	List the impact (<i>actual and potential</i>) to Services
#42	List the impact (<i>actual and potential</i>) to Health and Safety . Refer to the HICS-261 Form.

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Impacts

41. Impact on Services:

42. Health & Safety Impact:

43. Infrastructure Impact:

Resources Available

44. Resources Available: