

San Joaquin Operational Area Healthcare Coalition

CLINIC STATUS REPORT FORM

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

INSTRUCTIONS

The Clinic Status Report is a tool to efficiently communicate your clinic'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 clinic'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 Clinic 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.

Facility & Incident Overview	Instructions
#1	Enter the event type – Real World or Exercise
#2	Enter the complete full name of your clinic
#3	Enter the date the report was completed
#4	Enter the time the report was completed, use 24 hour clock
#5	Check if this is an Initial, Revised or Final Report
#6	Check the type(s) of incident that is occurring at your clinic
#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	Check the applicable clinic type
#11 to #13	Enter your physical address .
#14 to #20	Enter the name , the HICS position , and contact information for the person who can answer questions regarding the information on this form.
#21 to #23	Check Yes or No, if the Command Center has been activated. if yes enter the telephone and fax numbers
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
#24	Enter the number of untreated Immediate casualties (START triage category)
#25	Enter the number of untreated Delayed casualties (START triage category)
#26	Enter the number of untreated Minor casualties (START triage category)
#27	Enter the number of casualties treated and released
#28	Enter the number of casualties treated and transferred to a hospital
#29	Enter the number of casualties deceased
Evacuation	Enter information regarding an evacuation
#30	Check if you evacuating status, No, Yes - Partially, or Yes - Completely
#31	If you are evacuating, enter how many ambulatory patients are you evacuating
#32	If you are evacuating, enter how many non-ambulatory patients are you evacuating
Impacts	List the impacts of this incident on:
#33	List the impact (<i>actual and potential</i>) to Services
#34	List the impact (<i>actual and potential</i>) to Health and Safety . Refer to the HICS-261 Form.
#35	List the impact (<i>actual and potential</i>) to infrastructure . Refer to the HICS-251 Form

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#36	Enter a description of any resources that you can share with other healthcare facilities	
Facility and Incident Overview		
1. Event Type:	<input type="checkbox"/> Real World	<input type="checkbox"/> Exercise
2. Name of Clinic:		
3. Date:	4. Time (24-Hr. Clock):	
5. Report Type:	<input type="checkbox"/> Initial	<input type="checkbox"/> Revised <input type="checkbox"/> Final
6. Incident Type:	<input type="checkbox"/> Communications / IT Failure	<input type="checkbox"/> Patient Surge
	<input type="checkbox"/> Fire / Explosion	<input type="checkbox"/> Security Threat
	<input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> Severe Weather
	<input type="checkbox"/> Labor Disruption	<input type="checkbox"/> Utility Failure
	<input type="checkbox"/> Other, specify:	
7. Prognosis:	<input type="checkbox"/> Worsening	
	<input type="checkbox"/> No Change	
	<input type="checkbox"/> Improving	
8. Provide a brief description of the situation:		
9. Overall Facility Status:		
	<input type="checkbox"/> Fully Functional (minor reductions in patient services; able to carry out majority of normal operating functions)	
	<input type="checkbox"/> Partially Functional (moderate to significant reductions in patient services)	
	<input type="checkbox"/> Not Functional (not suitable for continued occupancy; critically damaged or affected; unable to continue any services)	
Clinic Information		
10. Clinic Type:	<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Dialysis
	<input type="checkbox"/> Community	<input type="checkbox"/> Home Health Agency
	<input type="checkbox"/> Other, specify:	
11. Street Address:		
12. City:		13. Zip Code:

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Primary Point of Contact Information	
14. Contact Name:	
15. HICS Position:	
16. Contact Phone Number:	
17. Contact Fax Number:	
18. Contact Cell Phone Number:	
19. Contact Pager Number:	
20. Contact Email:	
Clinic Command Center Activation	
21. Command Center Activated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Command Center Phone:	
23. Command Center Fax:	
Number of Casualties (HICS-259)	
24. Untreated – Immediate:	25. Untreated – Delayed:
26. Untreated – Minor:	27. Treated – Released:
28. Treated – Transferred:	29. Deceased:
Evacuation Information	
30. Are you Evacuating:	<input type="checkbox"/> No, not evacuating <input type="checkbox"/> Yes, partially evacuating <input type="checkbox"/> Yes, completely evacuating
31. Number of Ambulatory Patients Evacuating:	
32. Number of Non-ambulatory Patients Evacuating:	
Impacts	
33. Impact on Services:	
34. Health & Safety Impact:	

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35. Infrastructure Impact:

Resources Available

36. Resources Available: