

San Joaquin Operational Area Healthcare Coalition BEHAVIORAL HEALTH FACILITY STATUS REPORT FORM

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

INSTRUCTIONS

The Behavioral Health Facility Status Report is a tool to efficiently communicate your facility'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 facility'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 Behavioral Health 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 behavioral health facility
#3 to #5	Enter the physical address
#6 and #7	Enter the date and time the report was completed
#8	Check if this is an Initial, Revised or Final Report
#9	Check the type(s) of incident that is occurring at your behavioral health facility
#10	Check if your situation is: Worsening, No Change (stable), or Improving
#11	Provide a brief description of the situation
#12	Check the applicable facility status: Fully, Partially, or Not Functional
#13 to #19	Enter the name , the ICS or HICS position , and contact information for the person who can answer questions regarding the information on this form.
#20 to #22	Check Yes or No, if Command Center has been activated and enter the telephone and fax numbers
Bed Status	Enter your current and estimated future bed status
#23 and #24	Enter the number of licensed beds, currently available beds, and estimated available beds in 24 hours
Evacuation	Enter information regarding an evacuation
#25	Check if you evacuating status, No, Yes - Partially, or Yes - Completely
#26	If you are evacuating, enter how many ambulatory patients are you evacuating
#27	If you are evacuating, enter how many non-ambulatory patients are you evacuating
Impacts	List the impacts of this incident on:
#28	List the impact (<i>actual and potential</i>) to Services
#29	List the impact (<i>actual and potential</i>) to Health and Safety . Refer to the HICS-261 Form.
#30	List the impact (<i>actual and potential</i>) to infrastructure . Refer to the HICS-251 Form
#31	Enter a description of any resources that you can share with other healthcare facilities

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Facility and Incident Overview	
1. Event Type:	<input type="checkbox"/> Real World <input type="checkbox"/> Exercise
2. Name of Behavioral Health Facility:	
3. Street Address:	
4. City:	5. Zip Code:
6. Date:	7. Time (24-Hr. Clock):
8. Report Type:	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Final
9. 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:
10. Prognosis:	<input type="checkbox"/> Worsening <input type="checkbox"/> No Change <input type="checkbox"/> Improving
11. Provide a brief description of the situation:	
12. 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)
Primary Point of Contact Information	
13. Contact Name:	
14. Contact ICS or HICS Position:	
15. Contact Phone Number:	
16. Contact Fax Number:	
17. Contact Cell Phone Number:	
18. Contact Pager Number:	
19. Contact Email:	

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Command Center Activation			
20. Command Center Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. Command Center Phone:			
22. Command Center Fax:			
Bed Availability			
	a. Licensed Bed	b. Currently Available Beds	c. Estimated in 24 Hours
23. Geriatric (65 and older)			
24. Adult (18 to 64 years)			
Evacuation Information			
25. Are you Evacuating: <input type="checkbox"/> No, not evacuating <div style="margin-left: 100px;"><input type="checkbox"/> Yes, partially evacuating</div> <div style="margin-left: 100px;"><input type="checkbox"/> Yes, completely evacuating</div>			
26. Number of Ambulatory Patients Evacuating:			
27. Number of Non-ambulatory Patients Evacuating:			
Impacts			
28. Impact on Services:			
29. Health & Safety Impact:			
30. Infrastructure Impact:			
Resources Available			
31. Resources Available:			