



HOSPITAL STATUS REPORT FORM

INSTRUCTIONS

Use this form to collect the information necessary to complete the software version of the Hospital Status Report. If you have any questions or need assistance completing this form please page the EMS Agency Duty Officer at 209-234-5032.

Question or Data Element	Instructions
#1	Enter the name of your hospital
#2	Enter the date the report was completed
#3	Enter the time the report was completed
#4	Check if this is an Initial Report or a Revised Report
#5	Check if your situation is: Worsening, No Change (stable), or Improving
Hospital Information	Enter general information about your hospital
#6 to #11	Enter your physical address and location, including latitude and longitude.
#12 to #18	Enter the name, the HICS position, and contact information for the person who can answer questions regarding the information on this form.
#19 to #21	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
#22 to #29	Enter the number of staffed beds currently available, and estimated in 8 and 24 hours
#30	Enter the number of ventilators currently available, and estimated in 8 and 24 hours
#31	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 (in the past 12 hours). Refer to the HICS-259 Form
#32	Enter the number of untreated Immediate casualties (START triage category)
#33	Enter the number of untreated Delayed casualties (START triage category)
#34	Enter the number of untreated Minor casualties (START triage category)
#35	Enter the number of casualties treated and released
#36	Enter the number of casualties treated and admitted
#37	Enter the number of casualties deceased
#38	Enter your used morgue capacity information. If you don't have a morgue enter N/A.
#39	Enter your available morgue capacity information. If you don't have a morgue enter N/A.
Evacuation	Enter information regarding an evacuation
#40	Check Yes or No, if you are evacuating your facility.
#41	If you are evacuating, enter how many ambulatory patients are you evacuating?
#42	If you are evacuating, enter how many non-ambulatory patients are you evacuating?
Overall Facility Status	Enter your facility's functional status
#43	Check the applicable facility functional status: Fully, Partially, or Not Functional
#44	Enter a brief description if you are Partially or Not Functional.
Impacts	List the impacts of this incident on: Health & Safety, Resources, and Infrastructure
#45 to #46	List the impact to health & safety , and any resource needs. Refer to the HICS-261 Form.
#47 to #48	List the impact to resources , and any resource needs.
#49 to #50	List the impact to infrastructure , and any resource needs. Refer to the HICS-251 Form
Resources Available	List resources available to share
#51	Enter a description of any resources that you can deploy to other healthcare facilities or Alternate Care Sites.



HOSPITAL STATUS REPORT FORM

1. NAME OF HOSPITAL : _____
2. DATE: _____ 3. TIME: _____ 4. REPORT: Initial Revised
5. PROGNOSIS: Worsening No Change Improving

HOSPITAL INFORMATION					
6. STREET ADDRESS:					
7. CITY:		8. STATE:	California	9. ZIP CODE:	
10. LATITUDE:		11. LONGITUDE:			
12. CONTACT PERSON:		13. HICS POSITION:			
14. TELEPHONE #:		15. FAX #:			
16. CELLULAR #:		17. PAGER #:			
18. EMAIL ADDRESS:		19. HOSPITAL COMMAND CENTER (HCC) ACTIVATED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
20. HCC TELEPHONE #:		21. HCC FAX #:			
BED STATUS					
BED TYPE	AVAILABLE				
	a. CURRENTLY	b. ESTIMATED IN 8 HOURS	c. ESTIMATED IN 24 HOURS		
22. Emergency Department					
23. Adult Intensive Care Unit (ICU)					
24. Medical/Surgical					
25. Burn ICU					
26. Pediatric Intensive Care Unit (PICU)					
27. Psychiatric					
28. Negative Pressure/Isolation					
29. Operating Room					
30. Ventilators					
31. Decontamination Capable?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
NUMBER OF CASUALTIES (HICS-259)					
32. UNTREATED	35. TREATED/RELEASED	36. TREATED/ADMITTED	37. DECEASED	MORGUE CAPACITY	
32. I:					38. USED: _____
33. D:					
34. M:				39. AVAILABLE: _____	
EVACUATION					
40. ARE YOU EVACUATING?		NUMBER OF PATIENTS			
<input type="checkbox"/> YES <input type="checkbox"/> NO		41. # AMBULATORY: _____			
		42. # NON-AMBULATORY: _____			
43. 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*				
44. *Briefly describe below the impact on services, treatment capacity, standard operating procedures and facility:					



CLINIC STATUS REPORT FORM

INSTRUCTIONS

Use this form to collect the information necessary to complete the software version of the Clinic Status Report. If you have any questions or need assistance completing this form please page the EMS Agency Duty Officer at 209-234-5032.

Question or Data Element	Instructions
#1	Enter the name of your clinic
#2	Enter the date the report was completed
#3	Enter the time the report was completed
#4	Check if this is an Initial Report or a Revised Report
#5	Check if your situation is: Worsening, No Change (stable), or Improving
Clinic Information	Enter general information about your clinic
#6 to #9	Enter your physical address .
#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 Command Center has been activated and 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 (in the past 12 hours). Refer to the HICS-259 Form
#20	Enter the number of untreated Immediate casualties (START triage category)
#21	Enter the number of untreated Delayed casualties (START triage category)
#22	Enter the number of untreated Minor casualties (START triage category)
#23	Enter the number of casualties treated and released
#24	Enter the number of casualties treated and transferred to a hospital
#25	Enter the number of casualties deceased
Evacuation	Enter information regarding an evacuation
#26	Check Yes or No, if you are evacuating your facility.
#27	If you are evacuating, enter how many ambulatory patients are you evacuating?
#28	If you are evacuating, enter how many non-ambulatory patients are you evacuating?
Overall Facility Status	Enter your facility's functional status
#29	Check the applicable facility functional status: Fully, Partially, or Not Functional
#30	Enter a brief description if you are Partially or Not Functional
Impacts	List the impacts of this incident on: Health & Safety, Resources, and Infrastructure
#31 to #32	List the impact to health & safety , and any resource needs. Refer to the HICS-261 Form.
#33 to #34	List the impact to resources , and any resource needs.
#35 to #36	List the impact to infrastructure , and any resource needs. Refer to the HICS-251 Form
Resources Available	Resources available to share
#37	Enter a description of any resources that you can deploy to other healthcare facilities or Alternate Care Sites.



CLINIC STATUS REPORT FORM

1. NAME OF CLINIC :

IMPACTS: List the impacts (actual and potential) of this emergency incident and resources needs.

HEALTH AND SAFETY: List impacts - injuries, exposure/contamination, environmental conditions, etc. (HICS-261).

31. Impact:	32. Resources Needed:
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RESOURCES: List impacts - personnel, pharmaceutical, medical supplies, blood, fuel, etc.

33. Impact:	34. Resources Needed:
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INFRASTRUCTURE SYSTEMS: List impacts -electricity, natural gas, water, sewer, HVAC, med gases, elevators, IT/phones, etc. (HICS-251)

35. Impact:	36. Resources Needed:
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37. RESOURCES AVAILABLE: List resources available at your facility and deployable to other health care facilities

For example: doctors, nurses, support staff, pharmaceuticals, medical supplies, blood, communications equipment, etc.

FACILITY SYSTEM STATUS REPORT

1. OPERATIONAL PERIOD DATE/TIME	2. DATE PREPARED	3. TIME PREPARED	4. BUILDING NAME
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From: Date _____ Time _____ To: Date _____ Time _____

5. SYSTEM STATUS CHECKLIST

COMMUNICATIONS SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Fax	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Information Technology System (email/registration/patient records time card system/intranet, etc.)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Nurse Call System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Paging - Public Address	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Radio Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Satellite System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Telephone System, External	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Telephone System, Proprietary	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Video-Television-Internet-Cable	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

INFRASTRUCTURE SYSTEM

INFRASTRUCTURE SYSTEM	OPERATIONAL STATUS	COMMENTS
Campus Roadways	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Fire Detection/Suppression System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Food Preparation Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Ice Machines	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Laundry/Linen Service Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Structural Components (building integrity)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

FACILITY SYSTEM STATUS REPORT



PATIENT CARE SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Decontamination System (including containment)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Digital Radiography System (e.g., PACS)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Ethylene Oxide (EtO)/Sterilizers	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Isolation Rooms (positive/negative air)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

SECURITY SYSTEM	OPERATIONAL STATUS	COMMENTS
Door Lockdown Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Surveillance Cameras	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

UTILITIES, EXTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS
Electrical Power-Primary Service	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Sanitation Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Water	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Reserve supply status)
Natural Gas	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

PURPOSE: RECORD FACILITY STATUS FOR OPERATIONAL PERIOD FOR INCIDENT. **ORIGINATION:** INFRASTRUCTURE BRANCH DIRECTOR. **ORIGINAL TO:** SITUATION UNIT LEADER. **COPIES TO:** SAFETY OFFICER, LIAISON OFFICER, OPERATIONS SECTION CHIEF, BUSINESS CONTINUITY BRANCH DIRECTOR, PLANNING SECTION CHIEF, AND DOCUMENTATION UNIT LEADER.

FACILITY SYSTEM STATUS REPORT

UTILITIES, INTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Air Compressor	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Electrical Power, Backup Generator	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Fuel status)
Elevators/Escalators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Hazardous Waste Containment System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Heating, Ventilation, and Air Conditioning (HVAC)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Medical Gases, Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Oxygen	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Reserve supply status)
Pneumatic Tube	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Steam Boiler	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Sump Pump	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Well Water System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Vacuum (for patient use)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Water Heater and Circulators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

6. CERTIFYING OFFICER

7. FACILITY NAME

