



MEDICAL AND HEALTH SITUATION REPORTING

The MHOAC Program is the principal point-of-contact within the Operational Area for information related to the public health and medical impact of an unusual event or emergency system activation. The occurrence of an unusual event or emergency system activation should always trigger completion of a Medical and Health Situation Report that is shared with relevant partners representing the Public Health and Medical System, including the Public Health Department, S-SV EMS Agency, RDMHC/S Program, CDPH and/or EMSA Duty Officer Programs (or JEOC/MHCC if activated). It is expected that the MHOAC will routinely prepare the Medical and Health Situation Report for the Operational Area, and submit to the state.

A. Definitions

1. Control Facility (CF) means a facility designated by the S-SV EMS Agency to act as the single-point-of-contact within an Operational Area (OA) for coordinating patient distribution activities.
2. Emergency System Activation means the Operational Area (OA) has activated any aspect of its OA Emergency Operation Center (EOC).
3. Medical/Health Operational Area Coordinator (MHOAC or MHOAC Program) means the shared role between the Public Health Officer and the S-SV EMS Agency Administrator for coordination of the medical/health system during unusual events or emergencies. Within the S-SV member counties, the Public Health Officer/Public Health Department assumes the primary role in most situations, with the S-SV EMS Agency providing support for the prehospital EMS needs. These include items such as specific notifications, questions, or resource needs, i.e., EMS provider scope-of-practice questions or issues, EMS policy, protocol, procedure issues, and EMS specific resource needs.
4. Regional Disaster Medical/Health Coordinator/Specialist (RDMHC/S) Program means the single-point-of-contact within the mutual-aid region, responsible for coordination and liaison between the MHOACs within the mutual-aid region, and the state officials from the California Department of Public Health Duty Officer and California EMS Authority (EMSA) for coordination of medical and health resources and response information during unusual events or emergencies.
5. Unusual Event means an event beyond ordinary day-to-day activities, that do not rise to the level of an emergency but warrant enhanced situational awareness and notification of partners.



B. Situation Assessment

1. Assessment of Providers

Prior to completing or submitting a Medical and Health Situation Report on behalf of the OA, the MHOAC program must conduct an assessment of the current status of the health and medical system. This assessment may include:

a. Acute Care Hospitals

i. ED Bed Assessment

EMSystems (EMResource) MCI Events are used to rapidly assess hospital emergency department capabilities to receive patients. Local Control Facilities are responsible for conducting these assessments per S-SV EMS Agency protocol. Additional information on creating and responding to MCI events can be found in the regional EMResource Reference Guide.

ii. Inpatient Bed Assessments (HAvBED)

The national *Hospital Available Beds for Emergencies and Disasters* (HAvBED) assessments may be conducted at the local or regional level through EMSystems (EMResource). All hospitals are responsible for developing internal procedures for rapidly assessing and reporting inpatient bed availability and status information when HAvBED event notifications are received. This response and reporting process should not exceed thirty minutes from the time the alert is received. Additional information for the HAvBED process may be found in EMResource (under Regional Info/Documents).

iii. Hospital Status/Needs Assessment

The Hospital to MHOAC Status Report Form (Appendix A) is an additional tool that may be used by the MHOAC to assess the status and needs of local hospitals. Upon request of the MHOAC, each facility should have internal procedures for rapidly assessing and reporting status and needs information to the MHOAC.

b. Medical Transportation

Assessment and coordination of the medical transportation system will be conducted by S-SV EMS Agency representatives, and provided to the MHOAC upon request.

c. Other Health and Medical Providers

Assessment and coordination of public health, environmental health, and all other non-hospital medical providers within the county will be conducted by Public Health Department representatives.

2. Incident/Event Status and Information

Prior to completing the Situation Report, the MHOAC Program must also determine the status and prognosis of the incident including:



- Condition of Medical and Health System
 - (Green) Normal Operations; Situation Resolved
 - (Yellow) Under Control; No Assistance Required
 - (Orange) Modified Services; Assistance from within OA
 - (Red) Limited Services; Some Assistance Required
 - (Black) Impaired Services; Major Assistance Required
 - (Gray) Unknown
- Current Situation and Prognosis
- Emergency Proclamations/Declarations/Health Advisories
- Additional Information
 - Current Priorities/Issues
 - Actions Taken

C. Prior to Preparing the Health & Medical Situation Report

In addition to assessing the status of local providers and obtaining incident information, the MHOAC should contact the RDMHC/S Program and provide the following information if known:

- Brief description of incident;
- Anticipated support and/or resource needs (if any); and
- Acknowledge time for submission of Medical and Health Situation Report.

D. Completing the Medical and Health Situation Report

The minimum set of essential data elements that should be included in all Medical and Health Situation Reports can be found in Appendix B. This may be achieved by one of two approaches:

- **(Preferred)** Use the electronic version of the Medical and Health Situation Report available for download from the California Health Alert Network (CAHAN)- <http://cahan.ca.gov> (Document Library – Documents – 2 State and Local Health – # CDPH – EPO – EOM)
- (Optional) Use a printed copy of the Medical and Health Situation Report form.

CDPH, EMSA, or the Joint Emergency Operations Center-Medical Health Coordination Center (JEOC/MHCC) may request a Medical and Health Situation Report through the RDMHC/S if the MHOAC Program does not initiate one. Appendix C contains a copy of the Medical and Health Situation Report form which may be copied and used for emergency purposes. Please be aware that the Medical and Health Situation Report will be updated and revised over time, and it is preferred to utilize the most current version available on CAHAN.



E. Submitting the Health & Medical Situation Report

1. Within two hours of incident recognition, the MHOAC should submit the completed Medical and Health Situation Report to the:
 - RDMHC/S Program ([REDACTED]);
 - CDPH and EMSA Duty Officer Programs (or JEOC/MHCC if activated) ([REDACTED]);
 - OES (or Operational Area EOC) in accordance with local policies and procedures
 - S-SV EMS Agency. Any official time sensitive actionable email items that are MHOAC/RDMHS related (such as Sit/Reps, resource requests, program reports, or urgent communications) that you email to S-SV EMS or the Region III RDMHS should go to [REDACTED]. This will forward email to all S-SV EMS duty officers. You may also copy Vickie Pinette Vickie.Pinette@ssvems.com.
 - If you have received prior notification from S-SV EMS that our agency DOC has been activated, you may be directed to utilize these email boxes for the S-SV EMS Agency:
 - [REDACTED] (Placer)
 - [REDACTED] (Yuba)
 - [REDACTED] (Sutter)
 - [REDACTED] (Nevada)
 - [REDACTED] (Colusa)
 - [REDACTED] (Butte)
 - [REDACTED] (Siskiyou)
 - [REDACTED] (Shasta)
 - [REDACTED] (Tehama)
2. Contact the RDHMC/S Program to confirm receipt of the Medical and Health Situation Report if confirmation is not received by email within 15 minutes of submission.
3. Maintain the Medical and Health Situation Report information as a part of the incident historical document file.

F. Health & Medical Situation Report Updates

The MHOAC should provide updates to the Medical and Health Situation Report as follows:

- Once during each operational period at agreed upon times;
- Changes in status, prognosis, or actions taken; and
- In response to State/Regional agency request as communicated by the RDMHC Program.



SIERRA-SACRAMENTO VALLEY EMERGENCY MEDICAL SERVICES AGENCY
Serving the counties of Placer, Yuba, Sutter, Nevada, Colusa, Butte, Shasta, Tehama, Siskiyou

APPENDIX A: HEALTHCARE FACILITY TO MHOAC STATUS REPORT FORM

1. Date: _____ 2. Time: _____ 3. Report: Initial Revised

4. Prognosis: Worsening No Change Improving

HEALTHCARE FACILITY INFORMATION

5. NAME OF FACILITY:		
6. STREET ADDRESS:		
7. CITY:	8. STATE: CA	9. ZIP:
10. CONTACT PERSON:	11. HICS/ICS POSITION:	
12. TELEPHONE NUMBER:	13. FAX NUMBER:	
14. CELL/PAGER NUMBER:	15. RADIO FREQUENCY:	
16. EMAIL ADDRESS:	17. COMMAND CENTER (HCC/ICP) ACTIVATED: <input type="checkbox"/> Yes <input type="checkbox"/> No	

18. ESTIMATED CASUALTIES (HICS-259)

A. PTS SEEN	B. WAITING	C. ADMITTED	D. DISCHARGED	E. TRANSFERRED	F. EXPIRED
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19. PATIENTS AWAITING ADMISSION (EMERGENCY DEPARTMENTS ONLY)

A. ICU	B. BURN	C. M/S	D. ISO	E. NICU	F. NEURO	G. OB/GYN	H. PEDS	I. PICU	J. PSYCH	K. TELE
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20. OVERALL FACILITY STATUS

Fully Functional: Minor reductions in patient services; able to carry out majority of normal operating functions

Partially Functional: Moderate to significant reductions in patient services*

Non- Functional: Not suitable for continued occupancy; critically damaged or affected; unable to continue any services*

21. Briefly describe the impact on services, treatment capacity, standard operating procedures and facility:

22. MORGUE CAPACITY: A. Used _____, B. Available _____ C. N/A

EVACUATION

23. Is your facility Planning Evacuation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already Completed	24. Patients evacuated/ to be evacuated: A. # Ambulatory _____ B. # Non-ambulatory _____
<input type="checkbox"/> Partial Evacuation to: _____	
<input type="checkbox"/> Full Evacuation to: _____	

HAZARD MITIGATION (HICS-261)

Briefly describe the Potential/Actual hazards: (biohazards, structural, utility, traffic, etc)	List the resources needed to mitigate the Potential/Actual hazard:		
	Personnel	Supplies	Transportation
25.	26.	27.	28.

DAMAGED INFRASTRUCTURE (HICS-251)

Briefly describe the damage (electricity, gas, water, sewer, HVAC, communications systems, etc)	List the resources needed to mitigate the Damaged Infrastructure:		
	Personnel	Supplies	Transportation
29.	30.	31.	32.

AVAILABLE RESOURCES

33. List critical resources available at your facility and deployable to other health facilities (e.g. Personnel, meds, equipment)



INSTRUCTIONS

The Healthcare Facility Status Report Form is a tool to efficiently communicate your facility's status, during disasters, to the Medical Health Operation Area Coordinator (MHOAC). Please complete and fax this form to the MHOAC once the decision has been made to activate your Emergency Operations Plan or Command Center (HCC/ICP). During extended incidents (lasting 12 hours or more) please submit this form as directed by the MHOAC. If you have any questions, or need assistance completing this form please contact the S-SV EMS Agency.

Question or Data Element	Instructions
1.	Enter the date the report was completed
2.	Enter the time the report was completed
3.	Check if this is an Initial Report or a Revised Report
4.	Check if your situation is: Worsening, No Change (stable), or Improving
Facility Information	Enter general information about your facility
#5 to #9	Enter your physical address and location
#10 to #16	Enter the name, the HICS/ICS position, and contact information for the person who can answer questions regarding the information on this form.
#17	Check Yes or No, if the HCC/ICP has been activated
Estimated 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
#18 A.	Enter the number of casualties treated and still under care
#18 B.	Enter the number of casualties waiting to be seen
#18 C.	Enter the number of casualties treated and admitted
#18 D.	Enter the number of casualties treated and discharged
#18 E.	Enter the number of casualties treated and transferred to another facility
#18 F.	Enter the number of casualties deceased
ED Admits Waiting	Total admissions currently being held in the Emergency Department.
#19 A - K	Enter the number of patients currently awaiting admission in each category.
Overall Facility Status	Enter your facility's functional status
#20	Check the applicable facility functional status: Fully, Partially, or Not Functional
#21	Enter a brief description if you are Partially or Not Functional
#22 A	Enter the total number of morgue spaces currently being used at your facility
#22 B	Enter the total number of morgue spaces currently available at your facility
Evacuation	Describe the impacts of this incident on: Health & Safety, Resources, and Infrastructure
#23	Check Yes or No or Completed, if you are evacuating your facility. If Yes, enter destination facility
#24	Enter the numbers of ambulatory and non-ambulatory patients being evacuated.
Hazard Mitigation	Describe potential/actual hazards and resources needed
#25	Enter a description of the potential or actual hazards. Refer to the HICS-261 Form.
#26-28	List the numbers of Personnel, Supplies, and Transport resources needed to mitigate the hazard
Damaged Infrastructure	Describe damage to the facility infrastructure and resources needed
#29	Enter a brief description of the damage to the facility infrastructure. Refer to the HICS-251 Form
#30-32	List the numbers of Personnel, Supplies, and Transport resources needed to mitigate the damage
Available Resources	Describe damage to the hospital infrastructure and resources needed
#33	Enter a description of any resources that you can deploy to other healthcare facilities or Alternate Care Sites.

Complete form and fax/transmit the data to the Medical/Health Operational Area Coordinator (MHOAC) at:

FAX: () _____
EMAIL: _____



APPENDIX B

Minimum Data Elements for Situation Report: Health and Medical

The following data elements represent the minimum information that should be included in a Medical and Health Situation Report:

SITUATION REPORT: HEALTH AND MEDICAL MINIMUM DATA ELEMENTS	
Report Type	Initial Update Final
Report Status	Advisory: No Action Required Alert: Action Required
Report Creation Date/Time	Date Time
Incident/Event Information	Operational Area Mutual Aid Region Incident Name Health and Medical Incident Level Incident Type Incident Date Incident Time Incident Location Estimated Population Affected
Reporter Information	Name / Agency / Position Cell, Pager, Email, etc.
Condition of Health and Medical System	Green Normal Operations; Situation Resolved Yellow Under Control; No Assistance Required Orange Modified Services; Assistance from within OA Red Limited Services; Some Assistance Required Black Impaired Services; Major Assistance Required Gray Unknown
Prognosis	No Change Improving Worsening
Current Situation	Describe
Current Priorities	Describe
Critical Issues/Actions Taken	Describe
Activities	Describe
Emergency Proclamations/Declarations	Describe
Health Advisories/Orders	Describe
Primary Health and Medical Contact within OA	Name Agency Title Cell, Pager, Email, etc.

APPENDIX C

MEDICAL and HEALTH SITUATION REPORT (SITREP)

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PEN & PAPER VERSION

ITEMS A - P ARE MINIMUMLY REQUIRED ON ALL REPORTS.

A. Report Type		B. Report Status		C. Report Creation Date/Time	
<input type="checkbox"/> INITIAL	<input type="checkbox"/> UPDATE #	<input type="checkbox"/> 1. Advisory: No Action Required		1. Report Date:	2. Report Time:
	<input type="checkbox"/> FINAL	<input type="checkbox"/> 2. Alert: Action Required see "Critical Issues"			

D. Incident / Event Information						E. User Information	
1. Mutual Aid Region:		2. Jurisdiction (OA):		3. Abrv:		1. Report Creator:	
4. Incident / Event Name:		5. Incident Date:		6. Incident Time:		2. Position:	
7. Incident Location / Address:		8. Incident City:				2a. Agency:	
9. Incident Type:		10. Estimated Population Affected:				3. Phone: ()	
11. Public Health and Medical Incident Level:							
<input type="checkbox"/> Level I - Op Area		<input type="checkbox"/> Level II - Region		<input type="checkbox"/> Level III - State		<input type="checkbox"/> Unknown	
						4. Cell, Pager, Alt Phone: ()	
						5. Email:	

F. Current Condition of Public Health and Medical System:		
<input type="checkbox"/> GREEN – Normal Operations: (Update: Situation Resolved)	<input type="checkbox"/> ORANGE – Assistance from Within the jurisdiction/OA Required	<input type="checkbox"/> BLACK – SIGNIFICANT Assistance required from outside the jurisdiction/OA
<input type="checkbox"/> YELLOW – Under Control: NO Assistance Required	<input type="checkbox"/> RED – SOME Assistance required from outside the jurisdiction/OA	<input type="checkbox"/> GREY - Unknown

G. Prognosis:	<input type="checkbox"/> NO CHANGE	<input type="checkbox"/> IMPROVING	<input type="checkbox"/> WORSENING
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PEN & PAPER VERSION SECTION 1 (Continued)

H. Current Situation: (Provide detailed Situational Awareness Information)

I. Current Priorities: ("NONE" or "Nothing to Report" is acceptable.)

J. Critical Issues or Actions Taken: ("NONE" or "Nothing to Report" is acceptable.)

PEN & PAPER VERSION SECTION 2
ITEMS A – P ARE MINIMALLY REQUIRED ON ALL REPORTS

K. Activities:

1. EMS/LHD DOC Active 2. OA EOC Active

3. OTHER: (Explain in Current Situation – Page 1) 4. OA EOC MH Branch Active

L. Proclamations/Declarations:

1. Local Emergency 2. State 3. Other (List in Box G Below)

4. PH Emergency 5. Federal

6. PH Hazard 7. Unknown

M. OA MH Primary Point of Contact NAME:

O. MH POC Telephone:

P. MH POC Email:

N. Health Advisories/Orders Issued:

1. Air Unhealthy 2. Heat

3. Boil Water 4. Cold

5. Food Hazard 6. Beach Closure

7. Disease Outbreak 8. Vector

9. School Dis/Closures 10. Radiation

11. Quarantine/Isolation 12. Other (List in Box G. Below)

Q. Hazard Specific Activities:

R. Summary of Impact:		
1. Est. Population Affected (OA OEM Source):	#	<input type="checkbox"/> No Report/Assessment
2. Fatalities (County Coroner Source):	#	<input type="checkbox"/> No Report/Assessment
3. Injured – Immediate:	#	<input type="checkbox"/> No Report/Assessment
4. Injured – Delay:	#	<input type="checkbox"/> No Report/Assessment
5. Injured – Minor:	#	<input type="checkbox"/> No Report/Assessment

S. Evacuations:	
<input type="checkbox"/> 1. Voluntary	#
<input type="checkbox"/> 2. Mandatory	#
3. Total:	#

PEN & PAPER VERSION SECTION 2 (Continued)

T. Medical and Health Coordination System Function Specific Status						<i>(If other than green, provide brief comment)</i>
<i>Check box only if necessary</i>						
1. Animal Care	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
2. Health HazMat	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
3. Out-Patient Clinics	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
4. In-Patient Healthcare Facilities	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
5. Drinking Water	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
6. Home Health Care	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
7. EPI / Disease Control	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
8. Homebound With Medical Needs	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
9. Locally based State/Federal Functions	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
10. LEMSA Program Services	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
11. Food Safety	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
12. Liquid Waste / Sewer Systems	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
13. Medical Waste	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
14. Radiation Health	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
15. Mental Health	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
16. Solid Waste Disposal	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
17. Public Health Lab	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
18. Vector Control	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
19. Medical Transport System	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
20. Shellfish	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	

Additional Notes:

PEN & PAPER VERSION SECTION 3

U. Overall Healthcare FACILITIES Status	<input type="checkbox"/> Green – Normal Operations: Situation Resolved	<input type="checkbox"/> Yellow – Under control: NO Assistance Required	<input type="checkbox"/> Orange- Assistance from Within the Facility Required	<input type="checkbox"/> Red –SOME Assistance from Outside Facility Required	<input type="checkbox"/> Black -SIGNIFICANT Assistance from Outside Facility Required
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1. Total General Acute Care Hospitals: 1. GACH – Fully Functional 2. GACH – Not Functional 3. GACH – Partially Functional 4. GACH – Not Reporting	#	5. Acute Care Hospital Comments: <input type="checkbox"/> No Report/Assessment
	#	
	#	
	#	
	#	

2. Total SNFs / LTCFs: 1. SNF – Fully Functional 2. SNF – Not Functional 3. SNF – Partially Functional 4. SNF – Not Reporting	#	<input type="checkbox"/> No Report/Assessment
	#	
	#	
	#	
	#	

3. Total ICF – DD Intermed Care Facil: 1. IFC – Fully Functional 2. IFC – Not Functional 3. IFC – Partially Functional 4. IFC – Not Reporting	#	<input type="checkbox"/> No Report/Assessment
	#	
	#	
	#	
	#	

4. Total Acute Psych Hospitals: 1. APH – Fully Functional 2. APH – Not Functional 3. APH – Partially Functional 4. APH – Not Reporting	#	<input type="checkbox"/> No Report/Assessment
	#	
	#	
	#	
	#	

5. Total State Hospitals (Corr, DD, MH): 1. StH – Fully Functional 2. StH – Not Functional 3. StH – Partially Functional 4. StH – Not Reporting	#	<input type="checkbox"/> No Report/Assessment
	#	
	#	
	#	
	#	

PEN & PAPER VERSION SECTION 3 (Continued)

6. Total CLF Congregate Care Health Fac:	#	<input type="checkbox"/> No Report/Assessment
1. CLF – Fully Functional	#	
2. CLF – Not Functional	#	
3. CLF – Partially Functional	#	
4. CLF – Not Reporting	#	

7. Total Dialysis Centers:	#	<input type="checkbox"/> No Report/Assessment
1. Dial – Fully Functional	#	
2. Dial – Not Functional	#	
3. Dial – Partially Functional	#	
4. Dial – Not Reporting	#	

PEN & PAPER VERSION SECTION 4

V. General Infrastructure Damage as it relates to the Public Health & Medical System						
(If other than green, provide brief comment)						
1. Roads	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
2. Medical Health Communications	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
3. Communications	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
4. Power	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	

W. Care and Shelter					
1. Medical Mission at Shelter					
2. Number Opened:	#	3. Population Served:	#		
4. Medical Support of Shelter	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report	
Comments:					
5. Mobile Field Hospital	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report	
Comments:					
6. Gov Auth. Alternate Care Sites	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report	
Comments:					
7. Specialty Center	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report	
Comments:					
8. Field Treatment Sites	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report	
Comments:					

PEN & PAPER VERSION SECTION 4 (Continued)

9. Cooling Centers	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				
10. Local Disaster Warehouse	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				
11. PODS	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				
12. Public Health Response Team	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				
13. Warming Centers	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				
14. Other (List)	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				

X. Medical Transportation			
1. Ambulance Units Available	#	2. Ambulances Committed	#
3. AST's Available (5:1)	#	4. AST's Committed	#
5. DMSU's Available	#	6. DMSU's Committed	#
7. Additional Medical Transportation Issues			

