

Alameda County Medical/Health Status Report Form Submittal Date: Time:

1) Event/Incident Title: 2) Facility Name:
3) Originator Name: 4) Title: 5) Department:
6) Phone: 7) Email:

8) ☐ Hospital ☐ Clinic ☐ Other 9) EOC/HCC Phone #:

10) Is your EOC/HCC activated? ☐ Not Activated ☐ Partially Activated ☐ Fully Activated

11) Check the most appropriate level of functionality of your facility:

☐ Not Functional ☐ Partially Functional ☐ Fully Functional

12) Provide facility infrastructure status (damage, electricity, water, internet, phones, etc):

13) Can your facility provide essential Patient Care? ☐ No ☐ Yes

14) Estimated Casualties - How many patients do you have as a result of this event? (Based on START Triage)

Immediate (Red) Delayed (Yellow) Minor (Green) Deceased (Black)

15) Can your facility take more patients? ☐ No. ☐ Yes. 16) If yes, number of patients

17) Do you have STAFFED BEDS AVAILABLE (personnel staffing with beds)? Based on HAVBED definitions.

MED/SURG	<input type="radio"/> No	<input type="radio"/> Yes	# of Beds	<input type="text"/>	OR	<input type="radio"/> No	<input type="radio"/> Yes	# of Beds	<input type="text"/>
ICU	<input type="radio"/> No	<input type="radio"/> Yes	# of Beds	<input type="text"/>	ISOLATION	<input type="radio"/> No	<input type="radio"/> Yes	# of Beds	<input type="text"/>
PICU	<input type="radio"/> No	<input type="radio"/> Yes	# of Beds	<input type="text"/>	OB/GYN	<input type="radio"/> No	<input type="radio"/> Yes	# of Beds	<input type="text"/>
NICU	<input type="radio"/> No	<input type="radio"/> Yes	# of Beds	<input type="text"/>	TRAUMA	<input type="radio"/> No	<input type="radio"/> Yes	# of Beds	<input type="text"/>
TELE	<input type="radio"/> No	<input type="radio"/> Yes	# of Beds	<input type="text"/>	BURN	<input type="radio"/> No	<input type="radio"/> Yes	# of Beds	<input type="text"/>
PSYCH	<input type="radio"/> No	<input type="radio"/> Yes	# of Beds	<input type="text"/>	OTHER	<input type="radio"/> No	<input type="radio"/> Yes	# of Beds	<input type="text"/>
PEDS	<input type="radio"/> No	<input type="radio"/> Yes	# of Beds	<input type="text"/>					

18) Can your Urgent Care/Emergency Department take more patients? ☐ No ☐ Yes

19) If yes, number of patients 20) Explain any limitations:

Identify critical issues and resource needs that cannot be addressed by your facility:

21) If you have any resource needs, you **MUST** submit a [Medical/Health Request Form](#).

This form is to be sent from your Facility to the Operational Area (County EOC)

This form should be e-mailed as an attachment to med1@acgov.org and will be received by EMS staff.

Medical Health Branch Fax number (925) 803-2720, or (925) 803-7872

EOC medical branch phone number (925) 803-7930 or (925) 803-7818

If Reddinet is available, please check regularly for updated messages and instructions.

For EMS Use Only: Processed by: Date: Time: