

SITUATION REPORT (SITREP) EF-8
 MEDICAL and PUBLIC HEALTH OA BRANCH REPORT

PEN & PAPER VERSION SECTION 1
ITEMS IN SECTION 1, A - J 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"		E. User Information	
D. Incident / Event Information					
1. Mutual Aid Region:		2. Jurisdiction (OA):	3. Abrv:		
4. Incident / Event Name:		5. Incident Date:	6. Incident Time:		
7. Incident Location / Address:		8. Incident City:			
9. Incident Type:		10. Estimated Population Affected:			
11. 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					
1. Report Creator:					
2. Position:					
3. Phone:					
4. Cell, Pager, Alt Phone:					
5. Email:					

F. Current Operational Area Medical and Health System Condition:		
<input type="checkbox"/> GREEN – Normal Operations: Situation Resolved	<input type="checkbox"/> ORANGE – Modified Services: Assistance from within OA	<input type="checkbox"/> BLACK – Impaired Services: MAJOR Assistance Required
<input type="checkbox"/> YELLOW – Under Control: NO Assistance Required	<input type="checkbox"/> RED – Limited Services: SOME Assistance Required	<input type="checkbox"/> GREY - Unknown

PEN & PAPER VERSION SECTION 1 (Continued)

G. Prognosis: NO CHANGE IMPROVING WORSENING

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 IN SECTION 2, K – P ARE MINIMALLY REQUIRED ON ALL REPORTS

K. Activities:

- | | |
|--|---|
| <input type="checkbox"/> 1. EMS/LHD DOC
Active | <input type="checkbox"/> 2. OA EOC
Active |
| <input type="checkbox"/> 3. OTHER: (Explain in
Current Situation – Page
1) | <input type="checkbox"/> 4. OA EOC MH
Branch
Active |

L. Proclamations/Declarations:

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> 1. Local Emergency | <input type="checkbox"/> 2. State | <input type="checkbox"/> 3. Other (List in Box G
Below) |
| <input type="checkbox"/> 4. PH Emergency | <input type="checkbox"/> 5. Federal | |
| <input type="checkbox"/> 6. PH Hazard | <input type="checkbox"/> 7. Unknown | |

M. OA MH Primary Point of Contact NAME:

O. MH POC Telephone:

P. MH POC Email:

N. Health Advisories/Orders Issued:

- | | |
|---|--|
| <input type="checkbox"/> 1. Air Unhealthful | <input type="checkbox"/> 2. Heat |
| <input type="checkbox"/> 3. Boil Water | <input type="checkbox"/> 4. Cold |
| <input type="checkbox"/> 5. Food Hazard | <input type="checkbox"/> 6. Beach Closure |
| <input type="checkbox"/> 7. Disease Outbreak | <input type="checkbox"/> 8. Vector |
| <input type="checkbox"/> 9. School Dis/Closures | <input type="checkbox"/> 10. Radiation |
| <input type="checkbox"/> 11. Quarantine/Isolation | <input type="checkbox"/> 12. Other (List in Box G.
Below) |

Q. Hazard Specific Activities:

PEN & PAPER VERSION SECTION 2 (Continued)

R. Summary of Impact:		
1. Est. Population Affected (Reported OA OEM):	#	<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	#
<input type="checkbox"/> 3. Total:	#

T. Medical and Health Coordination System Function Specific Status						(If other than green, provide brief comment)
<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	

PEN & PAPER VERSION SECTION 2 (Continued)

Additional Notes:

PEN & PAPER VERSION SECTION 3

U. Overall Healthcare FACILITIES System Status	<input type="checkbox"/> Green – Normal operations: Situation Resolved	<input type="checkbox"/> Yellow – Under control: NO Assistance Required	<input type="checkbox"/> Orange – Modified services: Assistance from within OA	<input type="checkbox"/> Red – Limited services: Assistance Required	<input type="checkbox"/> Black - Impaired service: MAJOR Assistance Required
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 Cong 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 Medical Health 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. PH 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				

PEN & PAPER VERSION SECTION 5

Y. General and/or Additional Information (add anything here that does not appear elsewhere in this report)

END OF REPORT