



## PUBLIC HEALTH & MEDICAL STATUS FORM

Thank you for participating in this exercise. This information contained in this form allows us to provide situational awareness to Emergency Support Function 8 both locally, regionally and the state ESF 8 at the TEMA State Emergency Operations Center. It details information needed during a large scale disaster to expedite assistance to your facility. Any comments provided will be treated in a sensitive manner and all personal information will remain confidential. Please keep comments concise, specific, and constructive.

Please enter your responses in the form field or check box after the appropriate selection.

**Agency/Organization:** \_\_\_\_\_

**Corporation:** \_\_\_\_\_

**Command Center 24-hr Phone Number/Email:** \_\_\_\_\_

\_\_\_\_\_

**Facility Emergency Mgmt 24-hr Contact Name/Phone/Email:** \_\_\_\_\_

\_\_\_\_\_

**Security Manager 24-hr Contact Name/Phone/Email:** \_\_\_\_\_

\_\_\_\_\_

**Facilities Mgmt Contact Name/Phone/Email:** \_\_\_\_\_

\_\_\_\_\_

**HAM Radio Operator Contact Name//Phone/Call Sign:** \_\_\_\_\_

\_\_\_\_\_

**Direct ED Number:** \_\_\_\_\_

**Satellite Phone Number:** \_\_\_\_\_

**Public Information Officer Contact Name/Phone:** \_\_\_\_\_

\_\_\_\_\_

**Radio Frequencies:** \_\_\_\_\_

<u>Bed Availability</u>	<u>Bed Needs</u>
_____ Floor Bed Pediatric	_____ Floor Bed Pediatric
_____ Floor Bed Adult	_____ Floor Bed Adult
_____ ED Beds	_____ ED Beds
_____ ICU Cardiac	_____ ICU Cardiac
_____ ICU General	_____ ICU General
_____ ICU Neuro	_____ ICU Neuro
_____ ICU Surgery	_____ ICU Surgery
_____ ICU Pediatric	_____ ICU Pediatric
_____ ICU Neonatal	_____ ICU Neonatal
_____ Burn Beds	_____ Burn Beds
_____ Negative Pressure	_____ Negative Pressure
_____ Step Down	_____ Step Down
_____ Psych Adult	_____ Psych Adult
_____ Psych Pediatric	_____ Psych Pediatric
_____ Operating Rooms	_____ Operating Rooms

**Hospital Information:**

Pharmaceutical Cache:  Yes  No

Morgue Capacity: \_\_\_\_\_ Onsite \_\_\_\_\_ External

Alternate Care Site Location/Address: \_\_\_\_\_

\_\_\_\_\_

Shipping Dock Location/Address: \_\_\_\_\_

\_\_\_\_\_

Primary Medical Supplier: \_\_\_\_\_

Primary Food Supplier: \_\_\_\_\_

Primary Fuel Supplier: \_\_\_\_\_

Primary Medical Gases Supplier: \_\_\_\_\_

Generator Make/Model: \_\_\_\_\_

**Generator Fuel:**  Gas  Diesel  Propane

**Generator Output in Kilowatts/Phase/Voltage:** \_\_\_\_\_

**Generator Fuel Burn Rate:** \_\_\_\_\_

**Back-up Water Supply:**  Yes  No

**External Decontamination Facility:**  Yes  No

**Internal Decontamination Facility:**  Yes  No

**Pet Provisions:**  Yes  No

**Childcare Provisions:**  Yes  No

**Number of days food supply on hand:** \_\_\_\_\_

**Air Ambulance Onsite Provider:** \_\_\_\_\_

**Helipad Size & Weight Limit:** \_\_\_\_\_

**Hospital Owned Ambulance Service:**  Yes  No

**Internal Family Reunification Plan:**  Yes  No

**External Quick Connect for Additional Generator:**  Yes  No

**Temporary Air Conditioning/Heat Quick Connect:**  Yes  No

### **Hospital Facility Status:**

**Facility Damage Assessment:** \_\_\_\_\_

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**Evacuation:**  Full  Partial  Shelter in Place

**Alternate Care Site Activated:**  Yes  No

**External Triage Station Deployed:**  Yes  No

**Utilities Fully Operational:**  Yes  No

**Electricity:**  Yes  No

**Water:**  Yes  No

**Phone:**  Yes  No

**Internet:**  Yes  No

**Medical Gases:**  Yes  No

**Running Back-Up Generator Power:**  Yes  No

**Onsite Ham Radio Operator:**  Yes  No

**Hospital Resource Needs:**

**State Medical Assistance Team (SMAT):**  Yes  No

**Federal Disaster Medical Assistance Team (DMAT):**  Yes  No

**Federal Disaster Mortuary Operations Team (DMORT):**  Yes  No

**Mobile Field Medical Hospital:**  Yes  No

**Morgue Trailer:**  Yes  No

**Decontamination Team:**  Yes  No

**Additional Staffing Request:**  Physician  Nurse  EMT  Paramedic

Med Tech  Respiratory Therapist  X Ray Tech  FNP  Physician Assistant

**Transportation Assets:**  Van  Bus  Ambus

**Additional Comments:** \_\_\_\_\_

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**Thanks for participating and providing us with your input!**