



COMPLETING the DEOC 9: ALLIED HEALTH STATUS SHORT FORM

PURPOSE: The DEOC-9 Form is used for reporting information on significant incidents. It is not intended for every incident, as most incidents are short in duration and do not require scarce resources, significant mutual aid, or additional support and attention. The DEOC-9 form contains basic information elements needed to support situational awareness and decision-making at all levels.

Facility Contact Name: The name of the person to be contacted with questions about this report.

ALLIED HEALTH STATUS REPORT SHORT FORM			
FACILITY NAME:	FACILITY TYPE:	DATE:	TIME:
Contact Name:	Phone #	Fax #	
Other Phone, Fax, Cell Phone, Radio:		Incident Name and Date:	

Facility Type: Skilled Nursing, Home Health, Dialysis, Community Health Center, Surgical Center, Hospice.

Incident Name: Use the pre-assigned Incident Name. This assists in tracking of forms and resources.

Facility Status: Provide information about the operational status of the facility.

FACILITY STATUS	CHECK ONE
GREEN- FULLY FUNCTIONAL	<input type="checkbox"/>
RED- LIMITED SERVICES	<input type="checkbox"/>
BLACK- IMPAIRED/CLOSED	<input type="checkbox"/>

Facility Attachments: Check items that are attached to this facility status report.

FACILITY - CHECK ATTACHMENTS PROVIDED	Yes/No
NHICS/ICS ORGANIZATION CHART	
DEOC-9A RESOURCE REQUEST FORMS	
NHICS/ICS STATUS REPORT FORM - STANDARD	
NHICS/ICS INCIDENT ACTION PLAN	
PHONE/COMMUNICATIONS DIRECTORY	

Facility Contact Information: Provide Emergency Operations Center information for the facility.

FACILITY CONTACT INFORMATION	
EOC MAIN CONTACT NUMBER	
EOC MAIN CONTACT FAX	
NAME LIAISON TO PUBLIC HEALTH/MEDICAL HEALTH BRANCH	
CONTACT NUMBER	
INFORMATION OFFICER NAME	
CONTACT NUMBER	
CONTACT EMAIL	
IF EOC IS NOT ACTIVATED, WHO SHOULD BE CONTACTED FOR QUESTIONS/REQUESTS	
CONTACT NUMBER	
CONTACT EMAIL	

General Summary: Quickly Summarize the situation and or any relevant conditions of the facility.

GENERAL SUMMARY OF SITUATION/CONDITIONS	

Facility Patient Flow Information: Provide the health status of patients, staff or others injured as a result of the incident.

PATIENT FLOW INFORMATION	FACILITY TOTAL
PATIENTS TO EVACUATE	
PATIENTS INJURED - MINOR	
PATIENTS TRANSFERRED OUT OF COUNTY	
OTHER PATIENT CARE INFORMATION	

Bed Availability: Skilled Nursing to provide information of available beds for this reporting period.

SNF BED RESOURCE AVAILABILITY	Staffed Bed-M	Staffed Bed-F	Vacant Bed-M	Vacant Bed-F	*Surge #
SKILLED NURSING					
ASSISTED LIVING					
SUB-ACUTE					
ALZHEIMERS/DIMENTIA					
PEDIATRIC-SUB ACUTE					
PSYCHIATRIC					
*surge number: # of beds in addition to vacant available beds					

Available Resources: Allied facilities to provide information of available resources by facility type.

AVAILABLE RESOURCES BY FACILITY TYPE	CHAIR	VACANT	PHYSIC	MEDICAL
DIALYSIS				
SURGICAL				
CLINIC				
HOMEHEALTH				
ADULT DAY CENTER				

Accurate and timely completion of the DEOC-9 assists in maintaining good situational awareness of the incident, assessment of resources, resource allocation, and timely request for regional mutual aid. Please keep this document in the Communications Section of the Emergency Operations Manual for training purposes.