

Allied Health Status Report 3.0

PHDOC: March 2026

WORD: 20260506

Radio Operator Only:

1. Origin Msg #:

2. Destination Msg #:

This Section to be Completed by Medical Facility Personnel:

(Underlined=Required)

3. Date:

4. Time

(24hr):

5. Handling: ☐ Immediate (ASAP) ☐ Priority (<1 hr) ☐ Routine (<2 hr)

6. ICS Position:

7. Location:

8. Name:

9. Contact Info:

F
R
O
M

10. ICS Position:

11. Location:

12. Name:

13. Contact Info:

Facility Status

21. Facility Name:

22. Facility Type:

23. EOC Status: (Pick One) ☐ a. Activated ☐ b. Monitoring ☐ c. Not Activated

24. Operational Status: (Pick One) ☐ a. Fully Operational ☐ b. Limited Services
☐ c. Closed ☐ d. Evacuating ☐ e. Shelter in Place

25. If you are not fully operational, please indicate additional details:

Facility Contact Information

31. Facility EOC: (Phone #, Fax, Email)

32. Facility Medical Health Branch / Public Health Liaison: (Name, Phone #, Email)

33. Facility Information Officer: (Name, Phone #, Email)

Facility Patient Flow Information

41. Current Census a. Total Residents: b. Patients Currently on Site:

42. Patients Pending Evacuation: 43. Patients Transferred Out:

44. Incident-Related Injuries (If Applicable):

45. Other Patient Care Impacts:

SNF Bed Status by Care Type

* Surge: # of beds in addition to vacant available beds

	Staffed Beds M	Staffed Beds F	Vacant Beds M	Vacant Beds F	* Surge #	Accepting Admissions (Yes, No, Limited)
50. Skilled Nursing	a.	b.	c.	d.	e.	f.
51. Assisted Living	a.	b.	c.	d.	e.	f.
52. Sub-Acute	a.	b.	c.	d.	e.	f.
53. Alzheimers/Dementia	a.	b.	c.	d.	e.	f.
54. Pediatric Sub-Acute	a.	b.	c.	d.	e.	f.
55. Psychiatric	a.	b.	c.	d.	e.	f.

Available Resources				
	Vacant Chairs / Rooms	Front Desk Staff	Medical Support Staff	Provider Staff
60. Dialysis	a.	b.	c.	d.
61. Surgical	a.	b.	c.	d.
62. Clinic	a.	b.	c.	d.
63. Home Health	a.	b.	c.	d.
64. Adult Day Center	a.	b.	c.	d.
65. Resource Needs:				

Radio Operator Only:			
Relay:	Rcvd:	Sent:	
Name:	Call Sign:	Date:	Time (24hr):

Instructions for Allied Health Status Report

Purpose: This form is to be used to report essential medical facility status information during significant incidents to support situational awareness, resource coordination, and emergency decision-making.

Instructions for Hospitals:

Field	Instructions
Date	<u>Required.</u> Enter the date created.
Time	<u>Required.</u> Enter the time created. Use 24-hour time.
Handling	<u>Required.</u> Select one. For Medical Facility Status, typically: Routine. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest the most appropriate TO position and location.
ICS Position	<u>Required.</u> Enter the ICS position name. For this form, typically: "Health Care Liaison" if the PHDOC is open, else "EMS Unit".
Location	<u>Required.</u> Enter the location. For this form, typically "PHDOC" if it is open, else "Santa Clara County EOC"
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
Facility Name	<u>Required.</u> Enter the name of the Medical Facility

Please follow instructions from email/phone/CAHAN on how to submit this form. If telephones/fax are not working, use alternate means of communication (radio, messenger, etc.).
Use the RESOURCE REQUEST FORM to request resources.

Instructions for Radio Operators:

Field	Instructions
Origin Msg #	<u>Required.</u> Enter the message number of the original sending station.
Destination Msg #	<u>Required.</u> Enter the message number of the ultimate destination station.
Relay	When relaying: Enter a call sign and/or time, or other useful mark or info, to indicate status.
Name	<u>Required.</u> Enter the first initial and last name of the radio operator that handled the message.
Call Sign	<u>Required.</u> Enter the call sign of the radio operator that handled the message.
Date	<u>Required.</u> Enter the date the message was sent/received.
Time	<u>Required.</u> Enter the time the message was sent/received. Use 24-hour time.