Hospital Status 3.5

Word: 20260501

Radio Operator Only:	1. Origin Msg #:	2. Destination Msg #:

This Section to be Completed by Hospital Personnel: (Underlined=Required)

3. Date:	4. Time (24hr):	5. Handling: ○ Immediate (ASAP) ○ Priority (<1 hr) ○ Routine (<2 hr)

TO	6. ICS Position:	FROM	10. ICS Position:
	7. Location:		11. Location:
	8. Name:		12. Name:
	9. Contact Info:		13. Contact Info:

14. Hospital Name:

Hospital Status

21. Diversion	(Pick One) ○ a. Unknown	○ c. Open	○ e. Diverting Ambulances
	○ b. Internal Disaster	○ d. Specialty Bypass	
	f. Comment:		
22. Decon	(Pick One) ○ a. Unknown	○ c. Not Available	○ d. Active
	○ b. Available		
	e. Comment:		
23. Command Ctr	(Pick One) ○ a. Activated	○ b. Monitoring	○ c. Not Activated
	d. Comment:		
24. Morgue	(Pick One) ○ a. Unknown	○ b. Open	○ c. Full
	d. Comment:		
25. Power	(Pick One) ○ a. Unknown	○ c. Normal	○ d. Generator
	○ b. None		
	e. Hours of Fuel Remaining:		
	f. Comment:		
26. Building	(Pick One) ○ a. Unknown	○ d. Restricted Use	○ g. Unsafe to Occupy
	○ b. Not Inspected	○ e. Safe to Occupy	○ h. Normal
	○ c. Compromised	○ f. Evacuating	○ i. Closed
	j. Comment:		
27. Security	(Pick One) ○ a. Unknown	○ c. Normal	○ e. Elevated
	○ b. Restricted Access	○ d. Lockdown	
	f. Comment:		
28. Staffing	(Pick One) ○ a. Unknown	○ b. Adequate	○ c. Insufficient
	d. Comment:		
29. Medical Facility Supplies	(Pick One) ○ a. Unknown	○ b. Adequate	○ c. Insufficient
	d. Comment:		
30. Clinical Supplies	(Pick One) ○ a. Unknown	○ b. Adequate	○ c. Insufficient
	d. Comment:		

31. Resource Impacts/Needs	

Patient Flow

(Optional: Indicate quantity for each)

41a. Overall Hospital Census — Occupied beds:		41b. Overall Hospital Census — Total Staffed Beds:	
42. Current ED Census (Patients currently in ED):		43. Patients Treated and Released:	
44. Patients Admitted (Last 12 Hours)		45. Patients Not Yet Seen:	
46. Number of Patients Boarding:		47. Longest Boarding Time (Hrs):	

Clinical Trends / Syndromes

51. Are you experiencing any trends or syndromes?	(Multi-select)	☐ a. None	☐ b. Flu-like / RSV	☐ c. COVID-19
		☐ d. Cardiac	☐ e. Trauma	☐ f. Behavioral Health
		☐ g. Other: _____		

Specialty Service Capabilities

Specialty Service	Available Now?	If No, Reason Closed	Expected Reopening (Date)
61. Cardiology	a. ○Yes ○No	b.	c.
62. Dialysis	a. ○Yes ○No	b.	c.
63. Emergency Department	a. ○Yes ○No	b.	c.
64. Neurology	a. ○Yes ○No	b.	c.
65. Obstetrics	a. ○Yes ○No	b.	c.
66. Obstetrics: Labor & Delivery	a. ○Yes ○No	b.	c.
67. Ophthalmology	a. ○Yes ○No	b.	c.
68. Orthopedics	a. ○Yes ○No	b.	c.
69. Pediatrics	a. ○Yes ○No	b.	c.
70. Surgery	a. ○Yes ○No	b.	c.

Evacuation

81. Hospital is evacuating:	○No ○Yes (If yes, complete below)	(Indicate quantity for each)
82. Ambulatory Patients to Evacuate:		
83. Non-Ambulatory Patients to Evacuate:		

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

Instructions: Hospital Status

Purpose: This Hospital Status form is used to send Hospital Status information via alternative means (radio, fax, e-mail, …) when other communication methods are not available.

Instructions for Hospitals:

Field	Instructions
Date	Required. Enter the date created.
Time	Required. Enter the time created. Use 24-hour time.
Handling	Required. Select one. For this form, typically: Immediate. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if the radio net is busy.
TO / FROM	If needed, the radio operator can suggest the most appropriate TO position and location.
ICS Position	Required. Enter the ICS position name. For this form, typically: EMS Unit
Location	Required. Enter the location. For this form, typically: "PHDOC" if it is open, otherwise "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 sender/recipient.
Hospital Name	Required.
Hospital Status	
Patient Flow	
Clinical Trends / Syndromes	
Specialty Service Capabilities	
Evacuation	

Instructions for Radio Operators:

Field	Instructions
Origin Msg #	Required. Enter the message number of the original sending station.
Destination Msg #	Required. 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	Required. Enter the first initial and last name of the radio operator who handled the message.
Call Sign	Required. Enter the call sign of the radio operator that handled the message.
Date	Required. Enter the date the message was sent/received.
Time	Required. Enter the time the message was sent/received. Use 24-hour time.