



DEOC-9 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 STATUS		CHECK ONE	CHECK ADDITIONAL ATTACHMENTS PROVIDED			Yes/No			
GREEN- FULLY FUNCTIONAL			NHICS/ICS ORGANIZATION CHART						
RED- LIMITED SERVICES			DEOC-9A RESOURCE REQUEST FORMS						
BLACK- IMPAIRED/CLOSED			NHICS/ICS STATUS REPORT FORM - STANDARD						
FACILITY CONTACT INFORMATION			NHICS/ICS INCIDENT ACTION PLAN						
FACILITY EOC MAIN CONTACT NUMBER			PHONE/COMMUNICATIONS DIRECTORY						
FACILITY EOC MAIN CONTACT FAX			GENERAL SUMMARY OF SITUATION/CONDITIONS						
FACILITY LIAISON OFFICER NAME: LIAISON TO PUBLIC HEALTH/MEDICAL HEALTH BRANCH									
FACILITY LIAISON CONTACT NUMBER									
FACILITY INFORMATION OFFICER NAME									
FACILITY INFORMATION OFFICER CONTACT NUMBER									
FACILITY INFORMATION OFFICER CONTACT EMAIL									
IF FACILITY EOC IS NOT ACTIVATED, WHO SHOULD BE CONTACTED FOR QUESTIONS/REQUESTS			SNF BED RESOURCE AVAILABILITY		Staffed Bed- M	Staffed Bed-F	Vacant Beds-M	Vacant Bed-F	*Surge #
FACILITY CONTACT NUMBER			SKILLED NURSING						
FACILITY CONTACT EMAIL			ASSISTED LIVING						
FACILITY PATIENT FLOW INFORMATION		TOTAL		SUB-ACUTE					
FACILITY PATIENTS TO EVACUATE			ALZHEIMERS/DIMENTIA						
FACILITY PATIENTS INJURED - MINOR			PEDIATRIC-SUB ACUTE						
FACILITY PATIENTS TRANSFERED OUT OF COUNTY			PSYCHIATRIC						
OTHER FACILITY PATIENT CARE INFORMATION									
DEOC/EOC/DUTY CHIEF USE			*surge number: # of beds in addition to vacant available beds						
			AVAILABLE RESOURCES BY FACILITY TYPE		CHAIRS/ ROOMS	VACANT CHAIRS/ ROOM	FRONT DESK STAFF	MEDICAL SUPPORT STAFF	PROVIDER STAFF
			DIALYSIS						
			SURGICAL						
			CLINIC						
			HOMEHEALTH						
			ADULT DAY CENTER						

Please follow instructions received 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.



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.

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

FACILITY STATUS	CHECK ONE	FACILITY - CHECK ATTACHMENTS PROVIDED	Yes/No
GREEN- FULLY FUNCTIONAL	<input type="checkbox"/>	NHICS/ICS ORGANIZATION CHART	<input type="checkbox"/>
RED- LIMITED SERVICES	<input type="checkbox"/>	DEOC-9A RESOURCE REQUEST FORMS	<input type="checkbox"/>
BLACK- IMPAIRED/CLOSED	<input type="checkbox"/>	NHICS/ICS STATUS REPORT FORM - STANDARD	<input type="checkbox"/>
		NHICS/ICS INCIDENT ACTION PLAN	<input type="checkbox"/>
		PHONE/COMMUNICATIONS DIRECTORY	<input type="checkbox"/>

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

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

FACILITY CONTACT INFORMATION	GENERAL SUMMARY OF SITUATION/CONDITIONS
EOC MAIN CONTACT NUMBER	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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	

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

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

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

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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.