

MEDICAL and HEALTH SITUATION REPORT (SITREP)

PEN & PAPER VERSION

ITEMS A - P ARE MINIMALLY REQUIRED ON ALL REPORTS.

A. Report Type		B. Report Status		C. Report Creation Date/Time	
<input type="checkbox"/> INITIAL	<input type="checkbox"/> UPDATE #	<input type="checkbox"/> 1. Advisory: No Action Required		1. Report Date:	2. Report Time:
	<input type="checkbox"/> FINAL	<input type="checkbox"/> 2. Alert: Action Required see "Critical Issues"			
D. Incident / Event Information					
1. Mutual Aid Region:		2. Jurisdiction (OA):	3. Abrv:		
4. Incident / Event Name:		5. Incident Date:	6. Incident Time:		
7. Incident Location / Address:		8. Incident City:			
9. Incident Type:		10. Estimated Population Affected:			
11. Incident Level:					
<input type="checkbox"/> Level I - Op Area <input type="checkbox"/> Level II - Region <input type="checkbox"/> Level III - State <input type="checkbox"/> Unknown					
E. User Information					
1. Report Creator:					
2. Position:					
3. Phone:					
4. Cell, Pager, Alt Phone:					
5. Email:					

F. Current Operational Area Medical and Health System Condition:		
<input type="checkbox"/> GREEN – Normal Operations: (Update: Situation Resolved)	<input type="checkbox"/> ORANGE – Assistance from within the jurisdiction/OA Required	<input type="checkbox"/> BLACK – SIGNIFICANT Assistance required from outside the jurisdiction/OA.
<input type="checkbox"/> YELLOW – Under Control: NO Assistance Required	<input type="checkbox"/> RED – SOME Assistance required from outside the jurisdiction/OA	<input type="checkbox"/> GREY - Unknown - Conducting Assessments

G. Prognosis:	<input type="checkbox"/> NO CHANGE	<input type="checkbox"/> IMPROVING	<input type="checkbox"/> WORSENING
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PEN & PAPER VERSION SECTION 1 (Continued)

(Text boxes capacity: 9 lines)

H. Current Situation: (Provide detailed Situational Awareness Information)

I. Current Priorities: ("NONE" or "Nothing to Report" is acceptable.)

J. Critical Issues or Actions Taken: ("NONE" or "Nothing to Report" is acceptable.)

PEN & PAPER VERSION SECTION 2
ITEMS A - P ARE MINIMALLY REQUIRED ON ALL REPORTS.

K. Activities:
 1. EMS/LHD DOC Active 2. OA EOC Active
 3. OTHER: (Explain in Current Situation–Page 2) 4. OA EOC MH Branch Active

L. Proclamations/Declarations:
 1. Local Emergency 2. State 3. Other (List in Box Q below)
 4. PH Emergency 5. Federal
 6. PH Hazard 7. Unknown

M. OA MH Primary Point of Contact NAME:
O. MH POC Telephone:
P. MH POC Email:

N. Health Advisories/Orders Issued:
 1. Air Unhealthful 2. Heat
 3. Boil Water 4. Cold
 5. Food Hazard 6. Beach Closure
 7. Disease Outbreak 8. Vector
 9. School Dis/Closures 10. Radiation
 11. Quarantine/Isolation 12. Other (List in Box Q. below)

Q. Hazard Specific Activities:

R. Summary of Impact:

1. Est. Population Affected (Reported OA OEM):	#	<input type="checkbox"/> No Report/Assessment
2. Fatalities (County Coroner Source):	#	<input type="checkbox"/> No Report/Assessment
3. Injured – Immediate:	#	<input type="checkbox"/> No Report/Assessment
4. Injured – Delay:	#	<input type="checkbox"/> No Report/Assessment
5. Injured – Minor:	#	<input type="checkbox"/> No Report/Assessment

S. Evacuations:

<input type="checkbox"/> 1. Voluntary	#
<input type="checkbox"/> 2. Mandatory	#
<input type="checkbox"/> 3. Total:	#

PEN & PAPER VERSION SECTION 2 (Continued)

T. Medical and Health Coordination System Function Specific Status						(If other than green, provide brief comment)
<i>Check box only if necessary</i>						
1. Animal Care	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
2. Health HazMat	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
3. Out-Patient Clinics	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
4. In-Patient Healthcare Facilities	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
5. Drinking Water	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
6. Home Health Care	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
7. EPI / Disease Control	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
8. Homebound With Medical Needs	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
9. Locally based State/Federal Functions	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
10. LEMSA Program Services	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
11. Food Safety	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
12. Liquid Waste / Sewer Systems	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
13. Medical Waste	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
14. Radiation Health	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
15. Mental Health	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
16. Solid Waste Disposal	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
17. Public Health Lab	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
18. Vector Control	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
19. Medical Transport System	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
20. Shellfish	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	

Additional Notes:

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U.Overall Healthcare FACILITIES System Status	<input type="checkbox"/> Green – Normal Operations: (Situation Resolved)	<input type="checkbox"/> Yellow – Under control: NO Assistance Required	<input type="checkbox"/> Orange – Assistance from with the Facility Required	<input type="checkbox"/> Red – SOME Assistance from Outside Facility Required	<input type="checkbox"/> Black - SIGNIFICANT Assistance from Outside Facility Required
1. Total General Acute Care Hospitals: 1. GACH – Fully Functional 2. GACH – Not Functional 3. GACH – Partially Functional 4. GACH – Not Reporting	# # # # #	5. Acute Care Hospital Comments: <input type="checkbox"/> No Report/Assessment			
2. Total SNFs / LTCFs: 1. SNF – Fully Functional 2. SNF – Not Functional 3. SNF – Partially Functional 4. SNF – Not Reporting	# # # # #	<input type="checkbox"/> No Report/Assessment			
3. Total ICF - DD Intermed Care Facil: 1. IFC – Fully Functional 2. IFC – Not Functional 3. IFC – Partially Functional 4. IFC – Not Reporting	# # # # #	<input type="checkbox"/> No Report/Assessment			
4. Total Acute Psych Hospitals: 1. APH – Fully Functional 2. APH – Not Functional 3. APH – Partially Functional 4. APH – Not Reporting	# # # # #	<input type="checkbox"/> No Report/Assessment			
5. Total State Hospitals (Corr, DD, MH): 1. StH – Fully Functional 2. StH – Not Functional 3. StH – Partially Functional 4. StH – Not Reporting	# # # # #	<input type="checkbox"/> No Report/Assessment			

PEN & PAPER VERSION SECTION 3 (Continued)

6. Total CLF Cong Care Health Fac: 1. CLF – Fully Functional 2. CLF – Not Functional 3. CLF – Partially Functional 4. CLF – Not Reporting	#	<input type="checkbox"/> No Report/Assessment
	#	
	#	
	#	
	#	
7. Total Dialysis Centers: 1. Dial – Fully Functional 2. Dial – Not Functional 3. Dial – Partially Functional 4. Dial – Not Reporting	#	<input type="checkbox"/> No Report/Assessment
	#	
	#	
	#	
	#	

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V. General Infrastructure Damage as it relates to the Medical Health System				
(If other than green, provide brief comment)				
1. Roads	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red <input type="checkbox"/> Black
2. Medical Health Communications	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red <input type="checkbox"/> Black
3. Communications	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red <input type="checkbox"/> Black
4. Power	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red <input type="checkbox"/> Black
W. Care and Shelter				
1. Medical Mission at Shelter				
2. Number Opened:	#		3. Population Served:	#
4. Medical Support of Shelter	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
	Comments:			
5. Mobile Field Hospital	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
	Comments:			
6. Gov Auth. Alternate Care Sites	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
	Comments:			
7. Specialty Center	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
	Comments:			
8. Field Treatment Sites	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
	Comments:			

PEN & PAPER VERSION SECTION 4 (Continued)

9. Cooling Centers	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				
10. Local Disaster Warehouse	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				
11. PODS	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				
12. PH Response Team	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				
13. Warming Centers	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				
14. Other (List)	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				

X. Medical Transportation

1. Ambulance Units Available	#	2. Ambulances Committed	#
3. AST's Available (5:1)	#	4. AST's Committed	#
5. DMSU's Available	#	6. DMSU's Committed	#

7. Additional Medical Transportation Issues

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Y. General and/or Additional Information (add anything here that does not appear elsewhere in this report)

END OF REPORT