

SITUATION REPORT (SITREP) EF-8  
 MEDICAL and PUBLIC HEALTH OA BRANCH REPORT

**PEN & PAPER VERSION SECTION 1**  
**ITEMS IN SECTION 1, A - J ARE MINIMUMLY REQUIRED ON ALL REPORTS.**

<b>A. Report Type</b>		<b>B. Report Status</b>		<b>C. Report Creation Date/Time</b>	
<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"		<b>E. User Information</b>	
<b>D. Incident / Event Information</b>					
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					
1. Report Creator:					
2. Position:					
3. Phone:					
4. Cell, Pager, Alt Phone:					
5. Email:					

<b>F. Current Operational Area Medical and Health System Condition:</b>		
<input type="checkbox"/> GREEN – Normal Operations: Situation Resolved	<input type="checkbox"/> ORANGE – Modified Services: Assistance from within OA	<input type="checkbox"/> BLACK – Impaired Services: MAJOR Assistance Required
<input type="checkbox"/> YELLOW – Under Control: NO Assistance Required	<input type="checkbox"/> RED – Limited Services: SOME Assistance Required	<input type="checkbox"/> GREY - Unknown

**PEN & PAPER VERSION SECTION 1 (Continued)**

**G. Prognosis:**       NO CHANGE       IMPROVING       WORSENING

**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 (Continued)**

<b>R. Summary of Impact:</b>		
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

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

<b>T. Medical and Health Coordination System Function Specific Status</b>						(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	

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**PEN & PAPER VERSION SECTION 2 (Continued)**

Additional Notes:

**PEN & PAPER VERSION SECTION 3**

<b>U. Overall Healthcare FACILITIES System Status</b>	<input type="checkbox"/> Green – Normal operations: Situation Resolved	<input type="checkbox"/> Yellow – Under control: NO Assistance Required	<input type="checkbox"/> Orange – Modified services: Assistance from within OA	<input type="checkbox"/> Red – Limited services: Assistance Required	<input type="checkbox"/> Black - Impaired service: MAJOR Assistance Required
<b>1. Total General Acute Care Hospitals:</b> 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			
<b>2. Total SNFs / LTCFs:</b> 1. SNF – Fully Functional 2. SNF – Not Functional 3. SNF – Partially Functional 4. SNF – Not Reporting	# # # #	<input type="checkbox"/> No Report/Assessment			
<b>3. Total ICF – DD Intermed Care Facil:</b> 1. IFC – Fully Functional 2. IFC – Not Functional 3. IFC – Partially Functional 4. IFC – Not Reporting	# # # #	<input type="checkbox"/> No Report/Assessment			
<b>4. Total Acute Psych Hospitals:</b> 1. APH – Fully Functional 2. APH – Not Functional 3. APH – Partially Functional 4. APH – Not Reporting	# # # #	<input type="checkbox"/> No Report/Assessment			
<b>5. Total State Hospitals (Corr, DD, MH):</b> 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)**

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

**PEN & PAPER VERSION SECTION 4**

<b>V. General Infrastructure Damage as it relates to the Medical Health System</b>					(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	
<b>W. Care and Shelter</b>						
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:				
<b>X. Medical Transportation</b>				
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				

**PEN & PAPER VERSION SECTION 5**

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

END OF REPORT