Tri-Cities Medical Response System
Essential Elements of Information

Date:	Time:	Organization:	Name/Title of Person Submitting:
Primary Phone #:	**Secondary Phone #:**	**Other Communication:**	**Fax #:**

1. Facility Operating Status (Check all that apply)

____ Normal Operations
____ We have closed or are providing reduced services in one or more areas (please see next page).
____ We have added services in response to the incident.
____ We are diverting some or all types of patients (please see next page for more information).
____ We are on lockdown.
____ We have opened an alternate care site to expand or move services.
____ We are evacuating parts or all of our facility or are sheltering-in-place (please see #3 to provide more information).
____ Other:

Additional Details:

2. Facility Structural Integrity

____ Our building(s) is(are) structurally sound and operational.
____ Our building is not structurally sound (list details below).
____ We are operating one or more services at an alternate care facility because of structural issues.

<u>**Additional Details:**</u>

3. Status of Evacuation/Shelter-in-Place Operations (Check all that apply)

____ Normal Operations
____ We have completely or partially evacuated our facility.
____ We have plans to completely or partially evacuate our facility.
____ We are sheltering-in-place
____ Other

<u>**Additional Details:**</u>

4. Critical Medical Services and Critical Medical Support Services

Please indicate if the following services are operational at your healthcare organization, and whether your facility can care for additional patients.

Service	Operational (yes, no or N/A)	We can care for additional patients at this time (yes, no or N/A)	Additional Notes:
Blood Bank			
Catheterization Lab			
Decontamination			
Diagnostic Imaging			
CT			
MRI			
Ultrasound			
X-Ray			
Emergency Medicine/Emergency Department			
Inpatient Care			
Behavioral/Mental Health			
Cardiology/Vascular Care			
Critical Care/ICU			
General Medical/Surgical Care			
Isolation/Negative Pressure			
Obstetrics			
Pediatrics			
Laboratory			
Outpatient Non-Critical Care			
Pharmacy			
Respiratory Therapy			
Surgery			
Anesthesia			
General Surgery			
Neurosurgery			
Orthopedic Surgery			
Thoracic Surgery			
Trauma Surgery			
Urology			
Vascular Surgery			
Transportation (Hospital Owned/Managed)			
Flight Transport			
Ground Transport			
Additional Information:			

5. Critical Utilities and Support Service Status

____ Normal Operations
____ Status of the following utilities

Utility	Operational (Yes/No) or N/A for your organization	Utility	Operational (Yes/No) or N/A for your organization
Power		Medical Air	
Back-up Power		Nitrogen	
Potable Water		Nitrous Oxide	
Laundry		Suction	
Refrigeration		Vacuum	
HVAC		Phones	
Negative Pressure		Radios	
Positive Pressure		Information Technology	
Humidity		Internet	
Other		Dietary/Food Services	

Additional Information:

6. Patient Care

____ Normal Operations
____ We need assistance in caring for our current patients (i.e. transferring of patients to other facilities, additional staff, equipment, supplies*).
____ We need assistance to care for incoming patients (I.e. additional staff, equipment, supplies*, triage, transfer, etc..).
____ We can provide assistance to another organization by helping to triage and/or care for patients.
Note: See #7 and #8 to provide information regarding specific assistance needs

Additional Information:

Tri-Cities Medical Response System
Strengthening Emergency Response through Collaboration

7. Equipment, Supplies, Staff and Pharmaceuticals

____ Normal Operations
____ We would like to request assistance with obtaining additional equipment, supplies, communication, staff or pharmaceuticals.

Specific Needs (you may utilize this space or the forms "Public Health Emergency or Disaster Request for Personnel", "Public Health Emergency or Disaster Response Organization Request for Equipment, Supplies or Pharmaceuticals"):

8. Additional Needs

____ No additional needs at this time
____ We need assistance with the following (check all that apply)

Need	(√)	Notes
Assistance in contacting other hospitals or organizations		
Assistance in contacting DHHS or FEMA		
Damage Assessment		
Debris Removal or Management		
Evacuation Support		
Public Information/Notification or Warning		
Public Safety/Security		
Sheltering		
Snow Removal		
Transportation Resources		
Utility Restoration		
Other:		

Additional Information:

For Completion by those Receiving the Information

Receiving Agency: _____

Individual Receiving: _____

Date Initial Information Received: _____

Time Initial Information Received: _____

Scheduled Updates: