Kaiser Permanente
Amateur Radio Network

KAISER PERMANENTE®

24/7 Alert and Notification Line: 800-311-2113
Southern California Regional Command Center
Phone: 626-405-5030 / 8-335
Fax: 626-405-6594 / 8-335

1. Check in with Incident Commander in HCC (Admin., Disaster Coord., or ED Charge Nurse)
2. Check in with KPARN Net Control. Read Job Action Sheet. Initiate ICS 214 Log.
3. Request Planning Chief or designee to complete this form. Transmit to KP Regional ASAP.

A. Facility Name: Medical Center Status Report Form

B. **Incident Name & Number:**	C. **Incident Type:**
D. **Report Date:**	E. **Report Time:**

F. **Report Type:**
☐ Initial ☐ Exercise
☐ Update (Update # _____) ☐ Final

G. **Report Status:**
☐ Advisory: No Action Required
☐ Alert: Action Required

H. **Hospital Command Center Status:**
☐ Activated - Physical
☐ Activated - Virtual
☐ Not Activated

I. **Person Reporting:**

J. **Incident Commander Name:**

K. **Contact Number:**

L. **Incident Description:**

M. **Medical Center Status:**
☐ **Green**: Fully Functional: Minor reductions in patient services, able to carry out majority of normal operational functions.
☐ **Yellow**: Partially Functional: Moderate to significant reductions in patient services.
☐ **Red**: Emergency patients only.
☐ **Black**: Not Functional: Not suitable for continued occupancy; critically damaged or affected; unable to continue any service.
☐ **Unknown**.

N. **Accepting Patients:**
☐ Yes ☐ No (Check Reason Below)

O. ☐ Staffing ☐ Evacuating ☐ Equipment Failure
☐ Bed Avail. ☐ Facility Failure
☐ Other:

P. **Power Status:**
☐ Normal ☐ Generator ☐ None

Q. **Mass. Decontamination Capability**
☐ Not Available ☐ Not Setup ☐ Operational

R. **Facility Locked Down:**
☐ Yes ☐ No

S. **Regional Assistance Needed?** ☐ Yes ☐ No

Resources / Staff Needed

Type	Quantity
T.	
U.	
V.	
W.	
X.	

Department Status & Bed Count

Y. **EMERGENCY** ☐ **Open** ☐ **Saturated** **Wait Time (min):** _____	**Beds** Available	**Beds** Staffed
Z. **Emergency**		
AA. **Adult ICU**		
BB. **Medical / Surgical**		
CC. **Telemetry**		
DD. **Neonatal ICU**		
EE. **Pediatrics**		
FF. **Pediatric ICU**		
GG. **OB / GYN**		
	Rooms Available	**Rooms** Staffed
HH. **Negative Pressure Isolation**		
II. **Operating Rooms**		

JJ. **Prognosis**
☐ No Change ☐ Improving ☐ Worsening

KK. **Current Priorities / Actions:**

LL. **Critical Issues / Actions Taken:**

MM. **Essential Information Needed:**

Message Handling Personnel	**Call Sign**	**Time**
Sent by:		
Rcvd by:		
Given to:	Planning	
Transmitted via: ☐ **Phone** ☐ **Fax** ☐ **Email** ☐ **Radio**	**# or Radio Channel**	