

# ESF # 8 Status Reporting Form

|                     |                           |                   |
|---------------------|---------------------------|-------------------|
| <b>Facility:</b>    | Date / Time transmitted:  |                   |
| Hospital Originator | Sent by (Radio Call Sign) |                   |
| Date / Time filed   | Date/ Time received       | (Radio Call Sign) |

**Instructs:** Use international phonetic alphabet when reporting all information. 2. Inform ESF #8 if location is aid station.

|  |  |   |
|--|--|---|
| <b>Section I Bed Availability</b><br>A. ___ Floor Bed Pediatric<br>B. ___ Floor Bed Adult<br>C. ___ ED Beds<br>D. ___ ICU Cardiac<br>E. ___ ICU General<br>F. ___ ICU Neuro<br>G. ___ ICU Surgery<br>H. ___ ICU Pediatric<br>I. ___ ICU Neonatal<br>J. ___ Burn Beds<br>K. ___ Negative Pressure<br>L. ___ Step Down<br>M. ___ Psych Adult<br>N. ___ Psych Pediatric<br>O. ___ Operating Rooms | <b>Section II Bed Needs</b><br>A. ___ Floor Bed Pediatric<br>B. ___ Floor Bed Adult<br>C. ___ ED Beds<br>D. ___ ICU Cardiac<br>E. ___ ICU General<br>F. ___ ICU Neuro<br>G. ___ ICU Surgery<br>H. ___ ICU Pediatric<br>I. ___ ICU Neonatal<br>J. ___ Burn Beds<br>K. ___ Negative Pressure<br>L. ___ Step Down<br>M. ___ Psych Adult<br>N. ___ Psych Pediatric<br>O. ___ Operating Rooms | <b>Section III Staffing On Site/On Duty</b><br>A. ___ # of Staff (Total)<br>B-- ___ Physicians<br>C-- ___ Nurse<br>D-- ___ Respiratory Therapy<br>E-- ___ EMT |
|--|--|---|

|   |   |   |
|---|---|---|
| <b>Section IV Transportation</b><br>A-- ___ Ambulance Unit On Site<br>B-- ___ Ambulance On Standby<br>C-- ___ Air Ambulance On-Site<br>D-- ___ Air Ambulance On Standby | <b>Section V Blood Supply on Hand (units)</b><br>A-- ___ A+<br>B-- ___ A-Neg<br>C-- ___ O+<br>D-- ___ O-Neg<br>E-- ___ B+<br>F-- ___ B-Neg<br>G-- ___ A/B+<br>H-- ___ A/B Neg | <b>Section VI Blood Supply Needed (units)</b><br>A-- ___ A+<br>B-- ___ A-Neg<br>C-- ___ O+<br>D-- ___ O-Neg<br>E-- ___ B+<br>F-- ___ B-Neg<br>G-- ___ A/B+<br>H-- ___ A/B-Neg |
|---|---|---|

|   |  |  |
|---|--|--|
| <b>Section VII Fatalities #'s</b><br>A-- ___ Total<br>B-- ___ Stored inside<br>C-- ___ Stored outside | <b>Section VIII Contamination Event</b><br>A-- Nature of accident _____<br>B-- Type of contaminant _____<br>C-- ___ # of Victims<br>D-- ___ # injured but no radiation or contamination<br>E-- ___ # with radiation exposure<br>F-- ___ # with internal Contamination<br>G-- ___ # with external Contamination | H-- ___ # with Contamination Wounds<br>I-- ___ # deconed<br>J-- Type deconed _____<br>K-- Type of survey equipment _____<br>L-- ___ # of Patients to be admitted |
|---|--|--|

## Section IX Agency/ Station

|  |   |  |  |
|--|---|--|--|
| A -- Health Dept<br>B -- Medcom/ The Med<br>C -- Hospital Wing<br>D -- Baptist Memphis<br>E -- Baptist Collierville<br>F -- Baptist Desoto<br>G -- Baptist Women<br>H-- Baptist Rehab-GTown<br>I-- Baptist Tipton<br>J-- Delta Medical<br>K -- Lakeside Behavioral Health<br>L -- Lauderdale Community | M--Baptist Pediatric<br>N -- Methodist Germantown<br>O -- Methodist LeBonheur<br>P-- Methodist North<br>Q -- Methodist Olive Branch<br>R-- Methodist South<br>S-- Methodist University<br>T -- Memphis Mental Health<br>U-- St Francis Park<br>V -- St.Francis Bartlett<br>W--St. Jude Research<br>X -- VA Medical Center | Y -- ___ Vacant _____<br>ZA -- Red Cross HQ<br>ZB -- Mid South Reg Blood Ctr<br>ZC -- ___ Vacant _____<br>AA -- AMR Ambulance<br>AB -- Bartlett EMS<br>AC -- Crittenden County EMS<br>AD -- Desoto County Medical Services<br>AE -- EMHC Ambulance<br>AF -- Fayette County EMS<br>AG -- First Call Ambulance<br>AH -- Germantown EMS | AI -- HCT Ambulance<br>AJ -- Hernando EMS<br>AK -- Lauderdale EMS<br>AL -- Lifeline Ambulance<br>AM--Marion EMS<br>AN-Medic One Ambulance<br>AM--Memphis Fire EMS<br>AN -- Olive Branch EMS<br>AO -- Rural Metro<br>AP -- Southaven EMS<br>AQ -- West Memphis EMS<br>AR -- Other _____ |
|--|---|--|--|

## Section X COMMENTS (For additional space use separate sheet including Hospital name, location and contact. )

## Fax Information to: Shelby County HEALTH DEPT 222-8249

### International Phonetic Alphabet:

|            |            |           |             |           |            |           |
|------------|------------|-----------|-------------|-----------|------------|-----------|
| A. Alfa    | E- Echo    | I- India  | M- Mike     | Q- Quebec | U- Uniform | Y- Yankee |
| B- Bravo   | F- Foxtrot | J- Juliet | N- November | R- Romeo  | V- Victor  | Z- Zula   |
| C- Charlie | G- Golf    | K- Kilo   | O- Oscar    | S- Sierra | W- Whiskey |           |
| D- Delta   | H- Hotel   | L- Lima   | P- Papa     | T- Tango  | X- Xray    |           |