Trinity County Public Health Department

**Health Care Facility & HPP Partner Situation Status Report**

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| **A. Report Type:**  Initial Update | **B. Report Status:**  Advisory (no action) Alert (action required) | **C. Report Created:**Date: Time: |
| **D. Healthcare Facility Information** |
| **1. Name of Facility:** |
| **2. Street Address:** |
| **3. City:** | **4. State:** CA | **5. Zip:** |
| **6. Contact Person:** | **7. HICS/ICS Position:** |
| **8. Telephone Number:** | **9. Fax Number:** |
| **10. Cell/Pager Number:** | **11. Radio Frequency:** |
| **12. Email Address:** | **13. Command Center Activated (HCC/ICP):**  Yes  No |
| **E. Overall Situation Status:** | **F: Overall Facility Status:** | **G. Staffing Status:** |
|  GREEN: Normal operations: Situation Resolved YELLOW Under control; NO Assistance Required ORANGE: Modified services: Assistance from with OA RED: Limited services: Assistance Required BLACK: Impaired service: MAJOR Assistance Required GREY: Unknown |  Fully Functional Partially Functional Not Functional | Total Employees: # Employees Absent: #  Additional Staffing Needed/Requested |
| **H. Patient Census:** |
| Number of patients at your facility: Ambulatory: Non-Ambulatory: Accepting Patients:  Yes  No Estimated Capacity: Currently or will soon exceed licensed capacity:  Yes  NoIf using EMSystems, is it updated:  Yes  No Frequency:  |
| **I. Prognosis:** |
|  No change  Improving  Worsening |
| **J. Current Situation:** (Provide detailed Situational Awareness Information) |
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| **K. Current Priorities:** (“NONE” or “Nothing to Report” is acceptable) |
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| **L. Evacuation:** Is your facility planning evacuation? |
|  Yes  No Partial Evacuation to:  Full Evacuation to:  | Total patients evacuated/to be evacuated:# Ambulatory (minor): # Wheel-chair (delayed): # Bed-bound (immediate):  |
| **M. Infrastructure Damage:** (describe damage and/or disruption to electricity, gas, water, sewer, HVAC, communications systems, etc.) |
|  |
| **N. Resources:** |
|  Additional Resources Needed Resource Request Attached |

**Complete form and fax the data to the Medical/Health Operational Area Coordinator (MHOAC) at: FAX: (530) 623-1297**