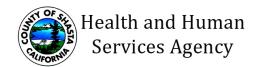


## HEALTHCARE FACILITY & HPP PARTNER SITUATION STATUS REPORT

	1. Date: _			2. Time	e:		3. Repo	rt:	☐ Initial		□ U <sub>I</sub>	pdate#
4. Prognosis:						☐ No Change		☐ In	nproving			
HEAL	THCARE F	FACILIT	Y INFOR	RMATIO	N							
5. NAME	OF FACILIT	<b>Y</b> :										
6. STREI	ET ADDRESS	S:										
7. CITY:						8. STATE: C	A		9. 2	ZIP:		
10. CONTACT PERSON:						11. HICS/ICS	POSITIO	N:				
12. TELEPHONE NUMBER:						13. FAX NUMBER:						
14.CELL/PAGER NUMBER:						15.RADIO FREQUENCY:						
16.EMAI	L ADDRESS:			17. COMMAND CENTER ACTIVATED (HCC/ICP): ☐ Yes ☐ No								
	TIMATED	CASUA	ALTIES (									
A. PTS SE	EEN	B. WAI	WAITING C.		MITTED	D. DISCH	D. DISCHARGED		E. TRANSFERRED		F. EXPIRED	
19. PATI	ENTS AWAIT	ING ADMI	ISSION (EN	MERGENCY	/ DEPARTM	IENTS ONLY)						
A. ICU	B. BURN	C. M/S	D. ISO	E. NICU	F. NEURO	G. OB/GYN	H. PE	DS	I. PICU	J. PS	SYCH	K. TELE
	ERALL F											
						o carry out maj		rmal op	erating fun	ctions	6	
						atient services*		· unahla	to continu	ıe anv	services	c*
<b>-</b> 14011	■ Non- Functional: Not suitable for continued occupancy; critically damaged or affected; unable to continue any services*											3
21. Brie	21. Briefly describe the impact on services, treatment capacity, standard operating procedures and facility:											ty:
	•	•		ŕ	•		•	٠.				
22 MACE	OCUE CAR	ACITY: A	Hood		D A1	ملطوانور		C N/A				
		ACITY: A.	Used		_, B. Av	ailable		C. N/A				
EVAC	UATION							C. N/A		tients	evacua	ated/to
EVAC	UATION					ailable		C. N/A			evacua	ated/ to
23. Is yo	UATION our facility pla Partial Evac	anning Ev	acuation?	☐ Yes	□ No □	Already Cor	npleted	C. N/A	24. Pa	cuate	ed:	
23. Is yo	UATION our facility pla Partial Evac	anning Ev	acuation?	☐ Yes	□ No □	Already Cor	npleted	C. N/A	24. Pa be eva	cuate		
23. ls yo	UATION our facility pla Partial Evac	anning Ev cuation to	acuation?	☐ Yes	□ No □	Already Cor	npleted	C. N/A	24. Pa be eva	cuate	ed: ry	
23. ls you	UATION our facility pla Partial Evac Full Evacua	anning Evenue to the total to t	acuation?	☐ Yes	□ No □	Already Cor	npleted	mitigat	24. Pa be eva A. #Am B. #No	cuate bulator n-ambu ential/	ed: ry ulatory /Actual	hazard:
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## **INSTRUCTIONS**

The Healthcare Facility Status Report Form is a tool to efficiently communicate your facility's status, during disasters, to the Medical Health Operation Area Coordinator (MHOAC). Please complete and email this form to the MHOAC once the decision has been made to activate your Emergency Operations Plan or Command Center (HCC/ICP). If you have any questions, or need assistance completing this form please contact the Shasta County Public Health Department at 225-5591.

Question or Data Element	Instructions					
1.	Enter the date the report was completed					
2.	Enter the time the report was completed					
3.	Check if this is an Initial Report or a Revised Report					
4.	Check if your situation is: Worsening, No Change (stable), or Improving					
Facility Information	Enter general information about your facility					
#5 to #9	Enter your physical address and location					
#10 to #16	Enter the name, the ICS/HICS position, and contact information for the person who can answer					
	questions regarding the information on this form.					
#17	Check Yes or No, if the HCC or ICP has been activated					
Estimated Casualties	Enter information about the numbers and type of casualties you have received during the					
	current reporting period (in the past 12 hours). Refer to the HICS-259 Form					
#18 A.	Enter the number of casualties treated and still under care					
#18 B.	Enter the number of casualties waiting to be seen					
#18 C.	Enter the number of casualties treated and admitted					
#18 D.	Enter the number of casualties treated and discharged					
#18 E.	Enter the number of casualties treated and transferred to another facility					
#18 F.	Enter the number of casualties deceased					
ED Admits Waiting	Total admissions currently being held in the Emergency Department.					
#19 A - K	Enter the number of patients currently awaiting admission in each category.					
Overall Facility Status	Enter your facility's functional status					
#20	Check the applicable facility functional status: Fully, Partially, or Not Functional					
#21	Enter a brief description if you are Partially or Not Functional					
#22 A	Enter the total number of morgue spaces currently being used at your facility					
#22 B	Enter the total number of morgue spaces currently available at your facility					
Evacuation	Describe the impacts of this incident on: Health & Safety, Resources, and Infrastructure					
#23	Check Yes or No, if you are evacuating your facility. If Yes, enter destination facility (if any).					
#24	Enter the numbers of ambulatory and non-ambulatory patients being evacuated.					
Hazard Mitigation	Describe potential/actual hazards and resources needed					
#25	Enter a description of the potential or actual hazards. Refer to the HICS-261 Form.					
#26-28	List the numbers of Personnel, Supplies, and Transport resources needed to mitigate the					
	hazard					
Damaged Infrastructure	Describe damage to the hospital infrastructure and resources needed					
#29	Enter a brief description of the damage to the facility infrastructure. Refer to the HICS-251					
	Form					
#30-32	List the numbers of Personnel, Supplies, and Transport resources needed to mitigate the					
	damage					
Available Resources	Describe damage to the hospital infrastructure and resources needed					
#33	Enter a description of any resources that you can deploy to other healthcare facilities or					
	Alternate Care Sites.					

Complete form and transmit the data to the Medical/Health
Operational Area Coordinator (MHOAC) at
Shasta County Public Health:
EMAIL: DOC45@co.shasta.ca.us