|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **Time:** | | | | **Unit/Department:** | | | **Person in Charge (Name/Title)** | | | | | | **URGENT NEED**  **(Check for Life Safety Issues)** | |
| **Phone #’s** | | **Cell Phone:** | | | | | **Red Phone #** | | | | **Fax #** | | |
| **# of injuries** | | | | **Staff** | | | | | | **Patient** | | | | **Visitor** | |
| Minor (First Aid Only) | | | |  | | | | | |  | | | |  | |
| Moderate | | | |  | | | | | |  | | | |  | |
| Major | | | |  | | | | | |  | | | |  | |
| Fatalities | | | |  | | | | | |  | | | |  | |
| Mental Health | | | |  | | | | | |  | | | |  | |
| **Staff Census** | | | | | | **#’s** | | | **Staff Census** | | | | | | **#’s** |
| Clinical (RNs, LVN, etc.) | | | | | |  | | | Managers | | | | | |  |
| Physicians | | | | | |  | | | Directors | | | | | |  |
| Clerical/Support | | | | | |  | | | Other (please specify title or type) | | | | | |  |
| Supervisors | | | | | |  | | | Other (please specify title or type) | | | | | |  |
| **Patient Census** | | | | | | | | | | | | | | | |
| Number of **Occupied Beds** in department/unit | | | | | | | | | | | |  | | | |
| Number of **Empty Beds** in your unit | | | | | | | | | | | |  | | | |
| Number of patients on **Ventilators** | | | | | | | | | | | |  | | | |
| Number of patients too critical for **Emergency Discharge/Transfer** | | | | | | | | | | | |  | | | |
| Number of patients that can be **Rapid Discharged** | | | | | | | | | | | |  | | | |
| # of patients requiring Assistance | | | | | | **Maximum assistance**  **\_\_\_\_\_\_** | | | | **Some Assistance \_\_\_\_\_\_** | | | | **No Assistance**  **\_\_\_\_\_\_** | |
| **Utility Issues** | | | **Operational (Yes/No)** | | | | | **Utility Issues** | | | | | **Operational (Yes/No)** | | |
| Computers | | |  | | | | | Telephones | | | | |  | | |
| Water | | |  | | | | | Medical Vacuums | | | | |  | | |
| Power | | |  | | | | | Oxygen | | | | |  | | |
| Network | | |  | | | | | Security Systems | | | | |  | | |
| Other | | |  | | | | | Other | | | | |  | | |
| **Department Immediate Needs or Safety Concerns:** | | | | | | | | | | | | | | | |
| (write in needs here): | | | | | | | | | | | | | | | |
| **Department Delayed Needs:** | | | | | | | | | | | | | | | |
| (write in needs here): | | | | | | | | | | | | | | | |
| **Operational Status** | | | | | | | | | | | | | | **Yes/No** | |
| Can your department remain operational for the next 8 hours? | | | | | | | | | | | | | |  | |
| **Planning Section Received By:** *(To be completed in Hospital Command Center)* | | | | | | | | | | | | | | **Date/Time** | |
| **Submit to the Planning Section Chief in the Command Center** | | | | | | | | | | | | | | | |