Butte-Glenn Emergency Preparedness Healthcare Coalition Situation Status Report

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: Minor Assistance Required ☐ RED: Limited services: Moderate 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	☐ No	
If using EMSystems, is it updated:	☐ Yes	☐ No	Frequency: _____

I. Prognosis:

☐ No change ☐ Improving ☐ Worsening

J. Current Situation: (Provide detailed Situational Awareness Information)

K. Current Priorities: ("NONE" or "Nothing to Report" is acceptable)

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

Please email or fax to:
Glenn County MHOAC - mhoac@countyofglenn.net or (530) 934-6463