PH DOC 01 / SITUATION REPORT (SITREP)

Santa Cruz County Healthcare Facility Situation Status Report

Use Adobe Acrobat. Other programs may not save data or support the Email Now function.

I. REPORT INFORMATION

☐ THIS IS A DRILL ☐ THIS IS NOT A DRILL

Date:	Time:	Incident Name:
Report Type (Check One) ☐ Initial ☐ Update #________ ☐ Final		**Report Status (Check One)** ☐ *Action Required* ☐ *No Action Required*
Facility Prognosis: ☐ No Change* ☐ Improving ☐ Worsening		

II. CONTACT INFORMATION

No Change: complete Contact Information (below) and submit form

Facility Type ☐ Hospital ☐ Clinic ☐ SNF ☐ LTCF ☐ Other	**Report Creator Name: (First, Last)** *Please print legibly*	
Sending Facility (Name):	**Title/Position:**	
Fax:	**Email:**	
(Clinics only) Current Hours: to	**Phone:**	

III. FACILITY SYSTEM STATUS

☐ Green - *Normal Operations*	☐ Yellow - *Under Control*	☐ Orange - *Modified Services*	☐ Red - *Limited Services*	☐ Black - *Impaired / Closed Services*

Check the box that best describes the current functionality of your facility's utility systems:

☐ Fully Functional	☐ Partially Functional	☐ Non-Functional	List Non-Functional Systems:

IV. SUMMARY OF IMPACT (# of pts you have as a result of this event for this reporting period)

☐ No Report/Not Assessed

1.	Fatalities			3.	Injured – Delayed		5.	Transferred out of the County	
2.	Injured			4.	Injured – Minor		(Add information on pt destination in Sit Stat below)		

V. SITUATION STATUS (Use forms PH DOC 02 and PH DOC 03 for resource requests.)

Current Situation (Provide description of situation and immediate needs as well as current priorities and critical issues or actions taken):

BED / EQUIPMENT STATUS REPORT

Type of Bed (Hospitals Only)	# Available			Type of Bed (Hospitals Only)	# Available			Type of Resources (SNF/LTCF/Other)	# Available
	Vacant	Staffed	Surge*		Vacant	Staffed	Surge*		
Adult ICU				Operating Rooms				SNF/LTCF Beds	
Pediatric ICU				Acute Psychiatric				Other Beds	
NICU				Medical/ Surgical				(Clinic)	
Telemetry / Monitored				Airborne Infection Isolation				Exam Rooms	
Labor/Delivery				Ventilators (Adult)			N/A	Providers	
Pediatrics				Ventilators (Peds)			N/A	*beds in addition to vacant available beds	

**Instructions: During a DOC Activation, submit this form to Microsoft Teams DOC or, e-mail this form to hsadoc@santacruzcounty.us, or fax to 831-454-5068. During DOC activation, if you would like to contact someone by phone, dial 831-454-4444

Additional forms are located at http://www.santacruzhealth.org/72hourready **rev. 01.2020**

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FACILITY NAME: ______________________________

Report Date and Time:__________________________

SITUATION STATUS Continued (Complete, print, and fax this page only if needed)

Current Situation: (Provide description of situation and immediate needs as well as current priorities and critical issues or actions taken):

Email Now

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