



United States Department of  
**Health & Human Services**



**SUBMIT BY 1700 PST TUESDAY, SEPT. 8, 2009**

**FAX THIS FORM TO: 888-201-9301**

**NOTE: Includes existing and newly added HAvBED elements**

**Date:**

**Hospital Name:**

**Address:**

**ICU Beds**

**Total Staffed:** \_\_\_\_\_

**Current Available:** \_\_\_\_\_

**Available in 24 hours:** \_\_\_\_\_

**Available in 72 hours:** \_\_\_\_\_

**Medical & Surgical  
Beds**

**Total Staffed:** \_\_\_\_\_

**Current Available:** \_\_\_\_\_

**Available in 24 hours:** \_\_\_\_\_

**Available in 72 hours:** \_\_\_\_\_

**Burn Care Beds**

**Total Staffed:** \_\_\_\_\_

**Current Available:** \_\_\_\_\_

Available in 24 hours: \_\_\_\_\_

Available in 72 hours: \_\_\_\_\_

**Pediatric ICU Beds**

Total Staffed: \_\_\_\_\_

Current Available: \_\_\_\_\_

Available in 24 hours: \_\_\_\_\_

Available in 72 hours: \_\_\_\_\_

**Pediatric Beds**

Total Staffed: \_\_\_\_\_

Current Available: \_\_\_\_\_

Available in 24 hours: \_\_\_\_\_

Available in 72 hours: \_\_\_\_\_

**Psychiatric Beds**

Total Staffed: \_\_\_\_\_

Current Available: \_\_\_\_\_

Available in 24 hours: \_\_\_\_\_

Available in 72 hours: \_\_\_\_\_

**Airborne Infection  
Isolation Beds**

Total Staffed: \_\_\_\_\_

Current Available: \_\_\_\_\_

Available in 24 hours: \_\_\_\_\_

Available in 72 hours: \_\_\_\_\_

**Operating Room  
Capacity**

Total Staffed: \_\_\_\_\_

Current Available: \_\_\_\_\_

Available in 24 hours: \_\_\_\_\_

Available in 72 hours: \_\_\_\_\_

**Emergency Department Status**

- Open** - Accepting patients by ambulance
- Closed** - Not accepting patients by ambulance
- N/A** - Not Applicable (hospital does not have an ED)

**Mass Decontamination Availability**

Does your facility have chemical/biological/radiological multiple patient decontamination capability?

- Yes
- No

**Ventilators:**

1. **Number of staffed full feature ventilators available for use that are also pediatric capable:** \_\_\_\_\_

2. **Number of additional patients *related to the events* who are currently being managed on rescue therapies (e.g. ECMO, high frequency oscillation, etc.)**

Adults: \_\_\_\_\_

Children < 5 Kg: \_\_\_\_\_

3. **Does the facility anticipate difficulty in obtaining or replenishing adequate ancillary ventilator supplies (Circuits, ET tubes, nebulizers, filters, humidification equipment, and suction catheters) within the next 72 hours? YES / NO**

**Facility Stress:**

1. **Is the facility seeing an increasing demand for patient care services, such as scheduling, triage, assessment, treatment, admission, transfer and discharge? YES / NO**

2. **Has the facility activated its disaster protocol? YES / NO**

**3. Has facility/emergency department implemented surge strategies?  
YES / NO**

**If YES, which of the following?**

**a. Expanding bed capacity within existing spaces? YES / NO**

**b. Surge in place strategies e.g. early discharge, cancel elective surgeries, etc.  
YES / NO**

**c. Augmented personnel (e.g. extra shifts, volunteers, etc) YES / NO**

**d. Expand capacity beyond existing spaces by:**

**i. Established alternative care sites (to support emergency department  
and/or inpatient activities) YES / NO**

**ii Activated Mobile Units YES / NO**

**iii Requested mutual aid? YES / NO**

**iv Implemented Other Strategies: YES / NO**

**4. Do you anticipate staffing shortages that will affect your ability to provide  
services in the next 72 hours? YES / NO**

**5. Without mutual aid does your facility anticipate difficulty in obtaining or  
replenishing any of the following in the next 72 hours?**

**a. Enough general medical supplies to meet demand? YES / NO**

**b. Enough pharmaceuticals to meet demand? YES / NO**

**c. Enough personal protective equipment (as defined by CDC, state or local  
guidance) to meet demand? YES / NO**

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