City of Berkeley - Partner Situational Status Report Form

Submittal Date: ____________ **Time:** ____________

Event / Incident: ______________________ **Facility Name:** ______________________

☐ **Hospital** ☐ **Clinic** ☐ **Assisted Living Facility** ☐ **Other**

Originator Name: ______________________ **Title:** ____________ **Department:** ____________
Phone: ______________________ **Email:** ______________________
DOC/EOC/HCC Phone #: ______________________

DOC/EOC/HCC Activation Status

- ☐ Fully Activated
- ☐ Partially Activated
- ☐ NOT Activated

Level of functionality of your facility

- ☐ Fully functional
- ☐ Partially functional
- ☐ NOT functional

Describe facility infrastructure status (damage, electricity, water, internet, phones, etc.)

Can your facility provide essential patient care? ☐ **NO** ☐ **YES** If "*YES*", how many? ______
Can your facility take more patients? ☐ **NO** ☐ **YES** ______
Can your Emergency/Urgent Care Department take more patients? ☐ **NO** ☐ **YES** If "*YES*", how many? ______

Estimated Casualties

How many patients do you have as a result of this event? (Based on START Triage)

Immediate (Red)= ☐ **Delayed (Yellow) =** ☐ **Minor (Green) =** ☐ **Deceased (Black)=** ☐

Available Beds

Provide number of ***STAFFED BEDS AVAILABLE*** (personnel staffing with beds), based on ***HAVBEB*** definitions?

MED/SURG	☐ NO ☐ YES	***# of beds***	______	**OR**	☐ NO ☐ YES	***# of beds***	______
ICU	☐ NO ☐ YES	***# of beds***	______	**ISOLATION**	☐ NO ☐ YES	***# of beds***	______
PICU	☐ NO ☐ YES	***# of beds***	______	**OB/GYN**	☐ NO ☐ YES	***# of beds***	______
NICU	☐ NO ☐ YES	***# of beds***	______	**TRAUMA**	☐ NO ☐ YES	***# of beds***	______
TELE	☐ NO ☐ YES	***# of beds***	______	**BURN**	☐ NO ☐ YES	***# of beds***	______
PSYCH	☐ NO ☐ YES	***# of beds***	______	**OTHER**	☐ NO ☐ YES	***# of beds***	______
PEDS	☐ NO ☐ YES	***# of beds***	______				

Explain any limitations

Identify critical issues that cannot be addressed by your facility
(To request resources you MUST submit a COB "Resource Request Form")

Send this form to City of Berkeley HHCS DOC: HHCSDOC@cityofberkeley.info or via fax (510) 981-2309

HHCS DOC Phone: (510) 981-5296 or (510) 981-2308 (analog line)

NOTE: Reddinet & WebEOC not available at City of Berkeley. Please send Situation Status Report Form every 4-8 hrs or as needed.