HAvBED Assessment & Data Elements

Hospital Name: **Date:**

✓	**Facility Status: Ability of the facility to accept EMS traffic**
	Open: Open to all patients.
	Advisory: Full hospital services not available. (eg. CT Scanner not available)
	Diversion: Closed to ambulance traffic except for immediate patients (or critical trauma, if a trauma center). Auto open in 1 hour.
	Internal Disaster/Closed: Closed to ambulance traffic including immediate patients; occurs only when an internal disaster has been declared (indicate in comments).
#	**HAvBED: These represent available staffed beds ready to receive patients**
	Adult ICU: Beds that can support critically ill/injured patients, including ventilator support
	Med/Surg: Also thought of as Ward beds
	Burn: Thought of as Burn ICU beds, either approved by the American Burn Association or self designated (these beds are NOT to be included in other ICU bed counts)
	PICU: As for Adult ICU, but for patients 17 years and younger
	Peds: Ward Medical/Surgical beds for patients 17 and younger
	Psych: Ward beds on a closed/locked psychiatric unit or ward beds where a patient will be attended by a sitter
	NegFlow: Beds provided with negative airflow, providing respiratory isolation. NOTE: This value may represent available beds included in the counts of other types.
	OR: An operating room that is equipped and staffed and could be made available for patient care in a short period of time
✓	**Decontamination:** Please report whether your decontamination facility is:
	Exceeded: The capacity to perform patient decontamination has been exceeded
	Full: Operating at full capacity
	Inactive: Unable to perform patient decontamination
	Open: Able to perform patient decontamination
#____	**Number of Decon lanes:** Only applies if decontamination status is open, full or exceeded. NOTE: The minimum number is one (1).
#	**Situational Assessment**
	Rescue TX Adult: Number of additional patients (adults and children > 12 years of age) who are currently being managed on rescue therapies (e.g. ECMO, high frequency oscillation, etc.)
	Rescue TX Child: Number of additional patients (children birth to 12 years of age) who are currently being managed on rescue therapies (e.g. ECMO, high frequency oscillation, etc.)
Yes/No	**Increased Demand:** Is the facility seeing an increasing demand for patient care services, such as scheduling, triage, assessment, treatment, admission, transfer and discharge?
Yes/No	**Increased Pts:** Has the facility seen an increase in the number of patients (above normal this time of year) who left the ED without being seen during the last 24 hours?

Yes/No	**Emerg OPS Plan:** Has the facility activated its disaster protocol / emergency operations plan?
✓	**Surge Strategies:** Surge Strategies your facility has implemented:
	1. Expanding bed capacity within existing spaces
	2. Surge in place strategies (e.g. early discharge, cancel elective surgeries, etc.)
	3. Augmented personnel (e.g. extra shifts, volunteers, etc.)
	4. Expand capacity beyond existing spaces by: Establishing alternate care sites (to support emergency department and/or inpatient activities) or activating mobile units
	5. Request mutual aid Implemented other strategies
Yes/No	**Staffing:** Do you anticipate staffing shortages that will affect your ability to provide services in the next 72 hours?
Yes/No	**Supplies:** Without mutual aid does your facility anticipate difficulty in obtaining or replenishing enough general medical supplies to meet demand in the next 72 hours?
Yes/No	**Pharm:** Without mutual aid does your facility anticipate difficulty in obtaining or replenishing enough pharmaceuticals to meet demand in the next 72 hours?
Yes/No	**PPE:** Without mutual aid does your facility anticipate difficulty in obtaining or replenishing enough personal protective equipment (as defined by CDC, state, or local guidance) to meet demand in the next 72 hours?
✓	**Ops: Operational Status**
	Closed
	Fully Operational
	Limited Operation
✓	**Evac : Evacuation Status**
	Not Evacuating
	Partial Evacuation Anticipated
	Partial Evacuation In Progress
	Partial Evacuation Completed
	Shelter-In-Place
	Total Evacuation Anticipated
	Total Evacuation In Progress
	Total Evacuation In Completed
Yes/No	**Backup Power:** Is your facility currently using emergency power generation?
#____	**How many days of fuel on site?**
Yes/No	**Gases:** Does your facility anticipate difficulty obtaining or replenishing medical gases to meet demand in the next 72 hours?
✓	**Utilities:** Utilities that your facility anticipates difficulty in obtaining or replenishing to meet demand in the next 72 hours:
	• Vacuum system
	• Potable water
	• Heating and cooling system
	• Sewer
	• Telephone
	• Computer/Internet
#	**Ventilators**
	Vents: The number of ventilators that are present in the institution but are currently not in use and could be supported by currently available staff

	Vents Ped Capable: Number of staffed full feature ventilators on site and available for use that are also pediatric capable
	Vent Supplies: Based on current usage, 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?
#	**Bed Capacity: The total number of staffed beds in the hospital (available and unavailable)**
	Adult ICU: Capacity for adult ICU beds. These can support critically ill or injured patients, including ventilator support.
	Burn: Capacity for burn beds. These are thought of as burn ICU beds, either approved by the American Burn Association or self-designated. These beds are NOT to be included in other ICU bed counts.
	Medical Surgical: Capacity for medical-surgical beds. These are also thought of as ward beds.
	Neg Flow Isolation: Capacity for negative airflow isolation beds. These provide respiratory isolation. NOTE: This value may represent available beds included in the counts of other types.
	Operating Room: Capacity for operating rooms which are equipped, staffed and could be made available for patient care in a short period of time.
	Pediatric ICU: Capacity for pediatric ICU beds. Similar to adult ICU beds, but for patients 17-years-old and younger.
	Pediatrics: Capacity for pediatrics beds. These are ward medical/surgical beds for patients 17-years-old and younger.
	Psychiatric: Capacity for psychiatrics beds. These are ward beds on a closed/locked psychiatric unit or ward beds where a patient will be attended by a sitter.

Instructions:

- In preparation for the HAvBED poll, use this form to collect all necessary data elements.
- Provide this completed form to the person responsible for entering the data into EMSystem®.

If you have questions regarding the **Local HAvBED poll**, contact the EMS Agency during regular business hours at (209) 529-5085 or the MHOAC after hours at (800) 945-2273.

If you have questions regarding the **Regional HAvBED poll**, contact the RDMHS at (209) 468-6818 during regular business hours or the San Joaquin EMS Agency Duty Officer after hours at (209) 234-5032.