PH DOC 05 - Assistance Capacity Report for Surgery Centers

•	TIME:	FII	RST REPORT ∟	J OR CHA	NGE IN STATUS L
ACILITY NAME:					
ACILITY STREET ADDR	ESS:				
ACILITY CITY:			FACILIT	TY ZIP CODE_	
	staff available to assist with the admissic p/PACU Charge Nurse, Administrator)	on of patients or r	nedical staff (e.g., Dire	ector of Surgical S	ervices, Facilities Director, Sch
ONTACT PERSON:		_TITLE		PHONI	E: ()
ACK UP CONTACT:		_TITLE		PHON	E: ()
AX: ()					
needed, is your facili	y is experiencing an em	patients? Y	ES NO	-	_
re you willing and abl	e to discharge patients (on a s	short-term b	asis) to make roo	om to receiv	e patients? YES N
o you need assistance	e with transporting discharged	d patients?	YES NO		
o you need assistance		•	YES NO e patients:		
Time	If willin	g to receiv	•	OR Specialt	ies
·	If willin	g to receiv	e patients:		Orthopedic
Time	If willin	g to receiv	e patients: ENT General Surgery		Orthopedic Urology
Time	If willin # of ORs Available During This Time	g to receiv	e patients: ENT General Surgery GYN		Orthopedic Urology Other:
Time (e.g., 0700- 1500)	If willin # of ORs Available During This Time # of Procedure Rooms	g to receiv	e patients: ENT General Surgery		Orthopedic Urology
Time (e.g., 0700- 1500)	If willin # of ORs Available During This Time	g to receiv	e patients: ENT General Surgery GYN Plastics		Orthopedic Urology Other: Other:
Time (e.g., 0700- 1500)	If willin # of ORs Available During This Time # of Procedure Rooms	g to receiv	ENT General Surgery GYN Plastics Podiatry		Orthopedic Urology Other: Other:
Time (e.g., 0700- 1500)	If willin # of ORs Available During This Time # of Procedure Rooms	g to receiv	e patients: ENT General Surgery GYN Plastics		Orthopedic Urology Other: Other:
Time (e.g., 0700- 1500)	If willin # of ORs Available During This Time # of Procedure Rooms	g to receiv	ENT General Surgery GYN Plastics Podiatry	Procedure	Orthopedic Urology Other: Other:
Time (e.g., 0700- 1500) Time (e.g., 0700- 1500)	# of ORs Available During This Time # of Procedure Rooms Available During This Time # of Recovery Beds	g to receiv	ENT General Surgery GYN Plastics Podiatry Colonoscopy	Procedure	Orthopedic Urology Other: Other:
Time (e.g., 0700- 1500) Time (e.g., 0700- 1500)	# of ORs Available During This Time # of Procedure Rooms Available During This Time # of Recovery Beds	g to receiv	ENT General Surgery GYN Plastics Podiatry Colonoscopy	Procedure	Orthopedic Urology Other: Other:

Whenever your status changes, please send an update of this report to the Santa Cruz County DOC immediately.

Instructions: During a DOC Activation, press the Email Now button or e-mail this form to hsadoc@santacruzcounty.us, or fax to 831.454. 5068. If you would like to contact someone by phone, dial 831.454.4444

personnel or supplies)? If yes, please complete and submit a Resource Request Form (PH DOC 02 or 03), which can be

found on the Hospital Preparedness Program (HPP) webpage.