# Department Assessment Form

**Instructions: Immediately, when an emergency event occurs, the person in charge of each department shall complete Section I (above solid line) of this form and deliver it to the Command Center. To assess the ability to continue operations use Section II. If deemed inoperable, follow the Evacuation procedures and the Alternate Care Site to operate your department in an alternate location.**

**SECTION I**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Date*** | ***Time*** | ***Unit/Department & Location*** | ***Person in Charge (Name/Title/Best Phone #)*** |

**Staffing**: **Indicate total staff presently on duty by position**

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| --- | --- | --- |
|  **Position** | **Number on Duty** | **Available to Personnel Pool** (if needed) |
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(Circle answer) Are you adequately staffed for the disaster**? Yes / No**

If no, do you need to recall staff from home**? Yes / No**

**SECTION II**

**Operational Status:** Are you fully operational, limited capability **(describe)**, non-operational **(describe*)***

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| 🞎 ***Fully Operational*** | 🞎 ***Limited or Non-operational*** |  |
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**Resource Status:**

Show status of major equipment or critical supplies, both on hand (including in use) and available for redeployment as needed (add equipment as necessary*)*

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| --- | --- | --- | --- | --- | --- |
| ***Resource*** | **Quantity On Hand** | **Available for Deployment** | **Resource** | **Quantity On Hand** | **Available for Deployment** |
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**Technology/Utility Status:**

Show status of major technology and utility systems used in or supporting your department (e.g., phones, lights, servers, computers, heat, AC, water*)*

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| --- | --- |
| **Technology Item** | **Status** (OK or Not Working – Explain status if necessary |
| Lighting/Electricity |  |
| Telephones |  |
| Red/Emergency Phones |  |
| Fax Machine/Line |  |
| Red Outlets (emergency power) |  |
| Computers |  |
| Heat / Air Conditioning |  |
| Water |  |
|  |  |
|  |  |

**Issues/Problems/Needs**

Describe any other issues or problems in your unit/department (e.g., staff needs relief; cleanup necessary)

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| --- | --- |
| 🞎 ***No Problems*** |  |
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**STAFFING:** If off-duty staff cannot come in, how long can you operate?Can you contract staff or borrow from another facility for an extended disaster?If the disaster has forced staff to leave the area/region, can they work somewhere within the healthcare system until your department is ready for them to come back?

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**SUPPLIES:** How long can you operate with present supply of vital consumable materials? \_\_\_\_\_\_\_\_\_ (# of hours)After you determine your present status, please give your most accurate estimation on the status of your unit/ department as time progresses (explain below what could enable you to extend your operating capability):

*8 hours*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*12 hours*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*24 hours*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3*6 hours*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER RECOVERY ISSUES:** What services can you recover first (prioritize) to enable your unit/department to become operational, and what resources are necessary to assist you in accomplishing this goal?

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## DEPARTMENT CLOSURE FORM

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| Date  |  |
| Department |  |
| Reason for closure |  |
| Department Director |  |
| Target Location for Alternate Site |  |
| Telephone operator calls forwarded to |  |
|  |  |  |  |
| **Departments to Notify** | **Complete** | **Department Closure Tasks** | **Complete** |
| Admitting Department |  |  |  |
| Pharmacy |  |  |  |
| Maintenance |  |  |  |
| Materials Management |  |  |  |
| Medical Laboratories  |  |  |  |
| Surgery |  | **Maintenance**  |  |
| Public Relations |  | Unplug all electrical appliances |  |
| Diagnostic Imaging |  | Lock all cabinets, secure supplies |  |
| Rehabilitation Services |  | Close all windows and doors |  |
| Respiratory Therapy |  | Turn off all lights |  |
| Risk Management |  | Turn off heat / AC |  |
| Security |  |  |  |
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