

Please return form to **PHD DOC Clinics Branch** at [DOCopsCB@sbcpd.org](mailto:DOCopsCB@sbcpd.org)  
 or fax to **805-681-5192/681-5142 alternate**

**Santa Barbara County**  
**PUBLIC Health**  
 DEPARTMENT

**HOME HEALTH AGENCY DISASTER STATUS REPORT**  
*Home health providers give this information to the PHD Department Operations Center*

<b>Agency Name:</b>		<b>Facility Contact:</b>
<b>Phone Number:</b>		Report Prepared By:
<b>Fax:</b>	<b>Email:</b>	
<b>Incident Name:</b>	<b>Report Date:</b>	<b>Report Time:</b>
<b>Status:</b> <input type="checkbox"/> Open-Full Function <input type="checkbox"/> Open- Limited Function <input type="checkbox"/> Closed Reopen on _____ <input type="checkbox"/> Closed Building Damaged <input type="checkbox"/> Closed and Red-Tagged		

Please briefly describe the current capacity of your agency to serve your patients:

Number of patients meeting case definition for (infectious disease) in past 24 hours (0800-0800):

**How many patients is your agency currently serving on daily basis?**  
**Can you accept additional patients?                      If yes, how many immediately:                      per day?**

**Do you have patients that you are unable to assess due to the disaster?**                       Yes     No  
**If there critical needs for a status check please what resources do you need to conduct the check?** \_\_\_\_\_

**Can you provide staff to assist your own clients or other victims at a shelter?**                       Yes     No

**Can we refer appropriate patients to your agency for home care during this disaster/event?**     Yes     No  
 (Please indicate on the next page any resources you need to continue or increase your services.)

**What types of care can you provide (include specialty services):**

**Are you providing care to disaster/event victims?**     Yes     No    **Approximate number:**

**Please describe any services you are providing related to the disaster or event:**

**Do you have home health patients who will need to be transferred to a SNF or hospital level of care?**  
 No     Yes    \_\_\_\_\_ #                      \_\_\_\_\_ date/time need to be transferred

**If you marked "Open-Limited Function" as your status, please describe your limits (e.g. staff, resources, utilities, services, hours) below:**

**Are you running low on any critical supply items?**     YES     No, but anticipate shortage within 24 hours  
 No

**Have you contacted your local City to request assistance with non-medical items?**     YES     No

**Please list:** \_\_\_\_\_

**Medical items: Please list the critical supply items, the approximate quantity remaining for each item, and about how long it will take for the item to be expended:**

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1. Item Name/Description:	QTY Remaining:	Time Until Expended:
2. Item Name/Description:	QTY Remaining:	Time Until Expended:
3. Item Name/Description:	QTY Remaining:	Time Until Expended:
Additional Comments or Explanation:		

Are you currently short-staffed?  YES  No, but anticipate shortage within 24 hours  No

If yes or if you anticipate a shortage within 24 hours, please list the positions and the quantities you are/will be understaffed below (*You may make arrangements with other facilities to share staff or complete a resource request form to formally request staff via the Public Health Department Operations Center.*):

1. Personnel Title/Description:	QTY Needed:
2. Personnel Title/Description:	QTY Needed:
3. Personnel Title/Description:	QTY Needed:
4. Personnel Title/Description:	QTY Needed:

Additional Comments or Explanation:

Please describe the status of your pharmacy (if applicable):

**PUBLIC INFORMATION ASSISTANCE:** Please list any information that you would like to be distributed to the media for communication to your patients or the general public regarding your services (number to call, cancelled appointments, closed locations, alternate locations for care or pharmaceuticals, etc.). The PHD or County EOC will provide this information to the media.

Your Facility's Objectives for Next 24 hours (*obtain critical resources to continue care, method to locate alternate care for patients, method to provide pharmaceuticals, prepare to assure safety of building/water/utilities for before resuming operations, etc*):

- 1.
- 2.
- 3.