RAPID ASSESSMENT TOOL 12 11 2017

[1]INCIDENT NAME	[2]DATE OF ASSESSMENT	[3]TIME OF ASSESSMENT (24HR)

[4]FACILITY NAME

[5] FACILITY TYPE
☐ COMMUNITY HOSPITAL ☐ FEDERAL HOSPITAL
☐ REHAB/LTC HOSPITAL ☐ SPECIALTY HOSPITAL
☐ CLINIC/OUTPATIENT SURGERY ☐ ALF/NURSING HOME
☐ OTHER

[6]ADDRESS

[7]CITY	[8]COUNTY	[9]STATE	[10]ZIP CODE

[11] GPS COORDINATES (USNG)

[12]SURVEY METHOD
☐ VISIT ☐ PHONE ☐ OTHER

[13]ACCESS TO FACILITY
☐ FULL ACCESS ☐ LIMITED TO ROTARY AIRCRAFT ☐ LIMITED TO WATER CRAFT ☐ LIMITED TO FOOT ACCESS ☐ OTHER LIMITATION:

[14]PREFERRED COMMUNICATIONS METHOD:
☐ UNK/NA ☐ PHONE ☐ E-MAIL ☐ SATPH ☐ CELL ☐ 2/W RADIO ☐ OTHER
POC: SPECIFICS (e.g. email, phone #):
BACK-UP METHOD:

[15] FACILITY POPULATION
NUMBER OF BEDS:_____________ NUMBER OCCUPIED WITH PATIENTS:_________________

BLOCK 1 *FACILITIES ASSESSMENT*
1-FULLY OPERATIONAL/INTACT
2-DAMAGED BUT OPERATIONAL
3-DAMAGED/PARTIALLY OPERATIONAL
4-NON-OPERATIONAL/DESTROYED

1. Structures (Roof, windows, etc.to include flooding) _____
2. Water system/supply _____
3. Waste water/sewage _____
4. HVAC _____
5. Elevators _____
6. Food preparation/kitchen _____
7. Electrical power
   - On grid ☐ Y ☐ N
   - On generator ☐ Y ☐ N
     - Generator(s) number available: _____________
     - Generator(s) number operational: _____________
     - Fuel utilized: ☐ Gas ☐ Diesel ☐ Other ____________
     - Estimated fuel remaining in hours: ______________
     - HVAC on generator ☐ Y ☐ N

Comments: ____

BLOCK 2 *MEDICAL OPERATIONS*
1-FULLY OPERATIONAL/INTACT
2-DAMAGED BUT OPERATIONAL
3-DAMAGED/PARTIALLY OPERATIONAL
4-NON-OPERATIONAL/DESTROYED

1. Emergency Department ____
2. Patient Admissions ____
3. Laboratory ____
4. Blood bank ____
5. X-Ray/Imaging ____
6. ICU Ward ____
7. Operation Rooms ____
8. Pharmacy ____
9. Oxygen/med gas ____
10. IT services ____
11. Telephones ____
12. Morgue ____

Comments: ____

BLOCK 3 ***OTHER FACILITY NEEDS AND SERVICES***

List any acute specific medical, facility, or staffing needs:

1. ____
____
2. ____
____
3. ____
____
4. ____
____

BLOCK 4 ***PATIENT MOVEMENT AND EVACUATION***

Patient Evacuation Required? ☐ Y ☐ N

Evacuation Status? ☐ Planned ☐ In Progress ☐ Completed

# Ambulatory patients		# ICU/CCU patients	
# Litter patients		# Pediatric patients	
# Ventilated patients		# Mental health patients	

BLOCK 5 ***RESPONSIBLE PARTY FOR ASSESSMENT***

Name:
Organization:
Contact method:

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COMMENT SHEET (*PLEASE INCLUDE BLOCK & ITEM #*)

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INSTRUCTIONS FOR RAPID ASSESSMENT TOOL

This tool is intended to facilitate healthcare facility assessments in disasters and emergencies. It is designed such that non-health or medical personnel can adequately gather the relevant information. Please attempt to be as thorough as possible in filling out this form and try to complete each data box as appropriate. Refer to the numbered instructions below matching each numbered box on the form.

1. **Incident Name**: List common designator for the incident (e.g. Hurricane Paul, LA earthquake, etc.)

2. **Date of assessment**: List date assessor conducted facility evaluation.

3. **Time of assessment**: List time (utilizing military time) assessor conducted facility evaluation.

4. **Facility name**: Document name of the facility being assessed (be careful not to use nicknames and utilize official title of the facility).

5. **Facility type**: Check the box that most accurately describes the facility type. Ask the facility representative, if available, to pick which descriptor most accurately describes the facility being evaluated. The following can be utilized to assist in the evaluation:

    - **Community hospital**: Facilities of various sizes that treat the general public for both acute injuries and illnesses and can care for them in an inpatient (admitted) setting.

    - **Federal hospital**: Facilities of various sizes that treat specific federal populations for both acute injuries and illnesses and can care for them in an inpatient (admitted) setting. Examples: VA medical centers, DOD medical centers.

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- **Rehabilitation/Long Term Care Facility**: Facilities that provide long term care for patients with chronic injuries or illnesses or that provide rehabilitative services in an inpatient (admitted) setting.
- **Specialty hospital**: Facilities that focus on one or two organ systems (e.g. eye, orthopedic) and that typically have limited inpatient (admitted) services.
- **Clinic/Outpatient Surgery**: Facilities that provide outpatient (not admitted) care only. Include in this category facilities that provide outpatient procedures and surgeries.
- **Assisted Living Facility/Nursing home**: Facilities that care for older or infirm patients with limited procedural abilities
- **Other**: Provide 1-2 word descriptor of the facility if it does not easily fit in one of the above categories.

6. **Address**: Document facility street address.
7. **City**: Document city for facility location.
8. **County**: If applicable, document county for facility location.
9. **State**: Document state for facility location.
10. **Zip code**: Document zip code for facility location.
11. **GPS Coordinates**: If equipment is available, document GPS coordinates for the facility utilizing the US National Grid System (USNG). For facilities with large campuses, use coordinates closest to where facility leadership would be located.

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12. **Survey method**: Check the most appropriate box describing how the survey was conducted. Ideally and to get the most information, the survey is conducted in person or by telephone.

13. **Access to facility**: Indicate whether access to the facility is limited and if so, in what fashion (e.g. accessible only by helicopter, only by foot, etc.)

14. **Preferred communications method**: List ideal method, 24-7, for contacting facility leadership. Provide specifics, as available. List a point of contact either by name or position if possible. In addition, list details related to the technology to be utilized (e.g. Phone number). Ideally, list a back-up method of contacting the facility.

15. **Facility population**: List number of "beds" for facility and the number of patients currently being cared for.

BLOCK ONE: FACILITIES ASSESSMENT

Please use the following ranking scale to assess facilities

1- Fully operational/intact	The system is functioning at baseline capacity and requires no support
2- Damaged but operational	The system has been impacted by the hazard but still continues to operate. May require some maintenance/repair in near future to prevent compromise.
3- Damaged/partially operational	The system is only partially functional and requires maintenance/repair in near future to prevent further compromise
4- Non-operational/destroyed	The system is non-functional and needs repair/replacement

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Provide the indicated information regarding facility generators. In the comment section of this block, provide other relevant information if available such as size of generator(s) on-site (e.g. 1250 kW).

BLOCK TWO: MEDICAL OPERATIONS

Please use the following ranking scale to assess medical operations

1- Fully operational/intact	The system is functioning at baseline capacity and requires no support
2- Damaged but operational	The system has been impacted by the hazard but still continues to operate. May require some maintenance/repair in near future to prevent compromise.
3- Damaged/partially operational	The system is only partially functional and requires maintenance/repair in near future to prevent further compromise
4- Non-operational/destroyed	The system is non-functional and needs repair/replacement

In the comment section for this block, please provide any other relevant details such as additional systems impacted.

BLOCK THREE: OTHER FACILITY NEEDS

List in prioritized fashion, acute needs for the facility. Comments section on back of page can be used for more detail.

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BLOCK FOUR: PATIENT MOVEMENT AND EVACUATION

Indicate whether evacuation is required (or ongoing) and approximate numbers of individuals requiring assistance. If there are additional special needs patient populations that require assistance, please provide additional information in the comments section of the back page.

BLOCK FIVE: RESPONSIBLE PARTY FOR ASSESSMENT

List individual's name, organization, and contact method who conducted the assessment.

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