HEALTH AND HUMAN SERVICES AGENCY

EMERGENCY MEDICAL SERVICES
(619) 285-6429 Fax: (619) 285-6531
www.SanDiegoCountyEMS.com
Disaster Medical and Health Emergency Preparedness (DMHEP)

Save As...

Print Form

Reset Form

HAvBED - Federal Long Form

Hospital Available Beds Count Form

FORMS MUST BE SUBMITTED TO EMS by 12:00noon Every Tuesday

Update Date: _____ Update Time: _____

Hospital Name: _____ OSHPD ID: _____

Street Address: _____ AHA/HAvBED ID: _____

City: _____ State: _____ Zip Code: _____

Contact Name (Last, First): _____

☐ Check if contact address is same as facility above

Street: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____ Contact Email: _____

Available Beds: please report appropriate personnel's bed count numbers if available (i.e. House Supervisor, MICN or Base Hospital Coordinator). Hover mouse pointer over header for explanation.

	Current Available	Staffed Available
Adult ICU:		
Medical/Surgical:		
Burn:		
Pediatric ICU:		
Pediatrics:		
Psychiatric:		
Airborne Infection Isolation:		
Operating Rooms:		

HAVE BED Form continued on next page...

Ventilators:

1) Number of staffed full feature ventilators available for use that are also pediatric capable: ☐

2) Number of additional patients related to the events who are currently being managed on rescue therapies (e.g. ECMO, high frequency oscillation, etc.) for:

Adults: ☐ Children < 5 Kg: ☐

Facility Stress:

1) Is the facility seeing an increasing demand for patient care services, such as scheduling, triage, assessment, treatment, admission, transfer and discharge? ☐ YES ☐ NO

2) Has an event triggered activation of the facility's disaster protocol/emergency operations plan to manage the response? ☐ YES ☐ NO

3) Is the facility using any of the following surge strategies:

a) Expanding bed capacity *within* existing spaces? ☐ YES ☐ NO

b) Surge in place strategies e.g. early discharge, cancel elective surgeries, etc. ? ☐ YES ☐ NO

c) Augmented personnel (e.g. extra shifts, volunteers, etc)? ☐ YES ☐ NO

d) Expanding bed capacity *beyond* existing spaces:

i) Establishing alternate care sites (to support emergency department and/or inpatient activities)? ☐ YES ☐ NO

ii) Activated Mobile Units? ☐ YES ☐ NO

e) Requested mutual aid? ☐ YES ☐ NO

f) Implemented other strategies? ☐ YES ☐ NO If yes, please specify: ☐

4) Does your facility anticipate staffing shortages that will affect your ability to provide services? ☐ YES ☐ NO

5) Does your facility anticipate difficulty in obtaining enough general medical supplies to meet demand? ☐ YES ☐ NO

6) Does your facility anticipate difficulty in obtaining enough pharmaceuticals to meet demand? ☐ YES ☐ NO

7) Does your facility anticipate difficulty in obtaining enough personal protective equipment (as defined by Federal, state or local guidance) to meet demand? ☐ YES ☐ NO

8) Does your facility anticipate difficulty in obtaining ancillary ventilator supplies (circuits, ET tubes, nebulizers, filters, humidification equipment, and suction catheters, etc.) to meet demand? ☐ YES ☐ NO

HAVE BED Form continued on next page...

Facility Infrastructure:

1) Operational Status: ◯ Limited Operation ◯ Full Operation ◯ Closed

2) Evacuation Status: ◯ Shelter in Place ◯ Evacuation (partial) ◯ Evacuation (total)

2a) Evacuation Action (only applies if you selected 'Total' or "Partial'): ◯ Anticipated ◯ In Progress ◯ Completed

3) Does your facility anticipate difficulty obtaining or replenishing utilities to meet demand for the next 72 hours, in the following categories:

a) Vacuum Systems: ◯ YES ◯ NO
b) Potable Water: ◯ YES ◯ NO
c) Heating and Cooling Systems: ◯ YES ◯ NO
d) Sewer: ◯ YES ◯ NO
e) Telephone: ◯ YES ◯ NO
f) Computer/Internet: ◯ YES ◯ NO

4) Does your facility anticipate difficulty obtaining enough medical gasses to meet demand? ◯ YES ◯ NO

5) Is your facility currently using emergency power generation? ◯ YES ◯ NO

If yes, how many days of fuel supply are on site? _____

6) Mass Decontamination Status: ◯ Available ◯ Unavailable

If available, how many lanes? _____

Add Comments

Submit by Email

Directions:
1) Go to EMS-DMEHP website: www.SanDiegoCountyEMS.com and choose DMHEP link on left or click DMEHP webpage to go directly.
2) Click on the link for the HAvBED Count Form to open it on your computer
3) Fill out form.
4) Click "Submit by Email" button to submit.
5) Follow the prompts to prepare email with data and send
Within a few minutes, you should receive an automated email reply indicating that your form submission was received. If not, verify you have used the latest form (online). If still no confirmation, please call for assistance.
6) You may print or save* (use 'save as') a copy for your records.

***If you are using Adobe Reader, you may not have the ability to save forms after you have filled them out & must immediately submit data (you can still print a copy for your records).**

Any problems or questions with submission, please call a HAvBed Form Contact at (619)285-6429.

Forms must be submitted weekly to EMS - Every Tuesday by 12 Noon.

This survey developed by US DHHS, CDPH & EMSA;
Submission form created by SDCo EMS.

For technical questions regarding the form or submission, please contact San Diego County EMS - DMHEP at (619)285-6429.

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