|  |  |
| --- | --- |
| C:\Users\gerrishw\Documents\Communications Office\LOGOS\DPH-Color.jpg | Hospital ProfileOffice of Public Health PreparednessConnecticut Department of Public Health |

Hospital: DATE:

Main Contact Info Main Phone #: ; ECC Phone#

Administrator Phone #:

 Off-shift Executive phone or cell #:

Street Name and Number:

Town/Zip Code:

**Emergency Contact Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Title/Role*** | ***Name*** | ***Phone Number*** | ***e-mail*** |
| Emergency Preparedness Coordinator: |  | Office:Cell: |  |
| Hospital Planner |  | Office:Cell: |  |
| Hospital Incident Commander (IC): |  | Office: Cell:  |  |
| Hospital Public Information Officer (PIO): |  | Office:Cell**:**  |  |
| Emergency Dept. Director: |  | Office:Cell: |  |
| VP of Nursing: |  | Office: Cell:  |  |
| Facility Engineer: |  | Office:Cell:  |  |
| Hospital CEO: |  | Office: Cell: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Title/Role*** | ***Name*** | ***Phone Number*** | ***e-mail*** |
| HICS Liaison Officer |  | NA | NA |
| Infection Control Director: |  | Office: |  |
| Pharmacy Director: |  | Office:Cell:  |  |
| Director of Security |  | Office:Cell:  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| *Total Number of Hospital Staff* |  |
| *Total % of Beds the Hospital Can Surge To* |  |

Emergency Preparedness/Response Equipment & Assets

|  |  |  |  |
| --- | --- | --- | --- |
| MED SAT Radio | Location | Administrator | In-service? |
| HEARS Radio | Location:  | Administrator:  | In-service?:  |
| CHEMPAK | Location:  |
| Everbridge | Administrator:  | Use:  |

Mass Casualty Planning:

|  |  |
| --- | --- |
| *Maximum Number of Critical Patients That Can Be Received at One Time* |  |

Alternate Care Site/Mobile Field Hospital Site:

|  |  |
| --- | --- |
| *Location of Alternate Care Facility* | *Bed Capacity* |
|  |  |
| *Location of MFH Site* | *Lot Size* |
| Location (Please confirm that there are no underground utilities or work space prior to listing site as usable….*”Call before you dig!”*) |  |
| *GPS Coordinates* |
|  |

Decontamination:

|  |  |  |  |
| --- | --- | --- | --- |
| *Fixed Decon Facility* |  | Entrance Location at Hospital: | *Patients/hour:*  |
| *Portable Decon Facility* |  | *Set-up Time:*  | *Patients/hour:*  |

Helicopter Landing Zone (HLZ):

|  |  |  |  |
| --- | --- | --- | --- |
| *Primary HLZ Contact* | *Name*   | *Telephone Number*  | *E-mail* |
|  |  |  |
| *Landing Zone Location* |  |
| *Helipad Capacity* |  |

Hospital Generator

|  |
| --- |
| Location: |
| Capacity:  |

Notes: