

SURGE CAPACITY ASSESSMENT

PURPOSE: To provide facility-specific data to assist in determination of surge capacity when working with community planning partners, and formulation the facility surge plan.

FACILITY: _____

Regional Resource Center (if applicable): _____

RRC Contact: _____ phone: _____ e-mail: _____

The information provided is to be in true numbers. Enter a zero (0) if item not available in the facility.

NOTE: Purchase of standby equipment is not the intent of this document.

Is there a comprehensive off-duty staff contact (CALL DOWN) protocol?
 __Yes __No
Last drilled: _____

ROOMS:	TOTAL #	N/A	COMMENTS
Private rooms			
Isolation rooms (minus neg. pressure rooms, if any)			
Negative pressure rooms			
Vent rooms (in regular use)			
Vent access rooms (O2, comp. air, & suction wall outlets)			
Oxygen, wall outlet rooms			
EQUIPMENT:			
Suction machines (other than dining rooms)			
Vents (standby)			
▪ Ambu bags			
Oxygen:			
▪ Humidifying equipment (standby)			
▪ Tanks (standby)			
▪ Concentrators (standby)			
Wheelchairs (standby)			
Stretchers (gurneys)			
Parenteral nutrition pumps (standby)			
Intravenous infusion pumps (standby)			
OTHER:			
▪			
▪			

SUPPLIES:			
A. Intravenous:			
Solutions (e.g. D5W, NS)	yes	no	
Tubing (e.g. straight, Y)	yes	no	
Access needles (e.g. Butterfly, angiocath)	yes	no	
Huber needle Extension sets: (Y, straight, 90 degree)	yes	no	
PPE	Total #	N/A	
N-95			
Surgical masks			
Gowns			
Disposable gloves			
Other:			
▪			
▪			
OTHER			
Decontamination capability on site	yes	no	
In-house pharmacy	yes	no	
Comprehensive off-duty staff contact protocol	yes	no	

OVER-BEDDING LOCATION/S

Location/s (list each facility area separately)	Number of persons able to accommodate	Toileting area available		Meal (eating) area available		Comments
		yes	no	yes	no	
		yes	no	yes	no	
		yes	no	yes	no	
		yes	no	yes	no	
		yes	no	yes	no	
		yes	no	yes	no	

Total over-bedding capacity:

Additional
comments: _____

