

HPP Meeting Minutes
December 7, 2017
Time: 11:00am-12:00pm

INTRODUCTIONS – (SEE SIGN IN SHEET)

CURRENT AND PAST WILDFIRE DISCUSSION

- Elizabeth passed out sit rep from Ventura County from Thomas Fire
 - Vista Del Mar, Behavioral Health facility evacuated 56 patients to Ventura Fair Grounds
 - SNFs have voluntarily evacuated against the recommendation of County personnel
- Elizabeth discussed lessons learned from northern cal fires
 - PPE must be worn properly to be effective (i.e. N95s not recommended for kids)
 - Developing partnerships prior to disasters is key to effective response.
- SLO County Public Health PIO working with APCD to monitor air and distribute health alerts as necessary due to fires.

GRANT UPDATES- ELIZABETH MERSON

- All contracts have been sent out to the facilities, we are just waiting for Arroyo Grande Community Hospital and French Hospital Medical Center to sign and return their contracts.
- Public Health is now setting up P.O.s for each of the facilities so we can start paying invoices.

COMMUNICATIONS – ROBIN HENDRY

- All hospitals except Arroyo Grande have turned in their inventory lists. Thank you to all that have gotten it done.
- DAILY Bed Polls
 - 75% French Hospital Medical Center
 - 100% Twin Cities Community Hospital
 - 100% Sierra Vista Regional Medical Center
 - 83% Arroyo Grande Community Hospital
- Satellite Phone Logs
 - 75% French Hospital Medical Center
 - 100% Twin Cities Community Hospital
 - 95% Sierra Vista Regional Medical Center
 - 85% Arroyo Grande Community Hospital
- REDDINET:
 - In the 3rd quarter (January – March 2018) Robin plans on going out to hospitals and conducting drills with hospital staff to assist with technical ReddiNet skills and to train more hospital staff on it's use.
 - Douglas Brim from EMSA will be working with San Luis Ambulance's Adam3 on initiating MCI drills via ReddiNet mobile app.
 - Carrie V.: MCI's do not prompt an alert on Reddinet, but ReddiNet developers are working on adding that feature. A work around is for EMS to initiate MCI and request a bed poll from hospitals. The bed poll with prompt an alert through ReddiNet at hospitals.

STATE WIDE MEDICAL AND HEALTH EXERCISE – DENISE YI

- Carrie V.: Twin's exercise went really well. They tested their surge procedures and unaccompanied minor procedures. Because of the active shooter scenario, Twin did not want to set up their surge tents outside so they identified a hallway to use instead. Twin reached out to their EAP providers and were excited to learn that they have a critical incident strike team that could be activated within 30 minutes.
- Emma L.: Best participation Sierra Vista has ever had. The COO was the incident commander, and they had a big physician turn out.

REVIEW OF MEDICAL SHELTER PLAN – ELIZBETH MERSON

- See Attached Forms and provide feedback to Elizabeth:
 - Triage Guidelines for General Population, Medical Shelter, or Skilled Nursing / Hospital Facilities
 - Environmental Health Assessment Form For Shelters
 - Natural Disaster Morbidity Surveillance Individual Form

MEETING ADJOURNED AT 12:15

NEXT MEETING: HPP

January 4th, 2017

10:30 am - 12:00 pm

CHP Headquarters

4115 Broad Street, #B, San Luis Obispo, California 93401

Triage Guidelines for General Population, Medical Shelter, or Skilled Nursing/Hospital Facility

<i>Universal Access Shelter</i>	<i>Admit to Medical Shelter</i>	<i>Refer to SNF/Hospital</i>
No or minimal medical support necessary	Limited medical support or Supportive basic nursing	Continuous services 24hours/ 7days a week
General population able to be maintained independently Can be: Vulnerable populations with minimal functional needs without personal care assistant available	Vulnerable populations with functional needs without personal care assistant available	Patients requiring skilled care & continuous observation; Acutely ill patients requiring in-patient care; Patients requiring chronic continuous health care services due to progressive & debilitating conditions
		Bedridden requiring total care
Diabetics requiring minimal to moderate assistance with activities of daily living (ADL) with/without personal care assistant	Diabetics requiring minimal to moderate assistance with activities of daily living (ADL) without personal care assistant available	Newly diagnosed diabetic that has been discharged from the hospital & has not yet been seen by a referring agency (has new MD orders)
Hospice patient requiring minimal to moderate assistance with ADL & is stable with/without personal care assistant	Hospice patient requiring minimal to moderate assistance with ADL & is stable without personal care assistant available	Unstable with a "Do Not Resuscitate" order
Intravenous (IV) therapy managed at home without complications with personal care assistant	IV therapy managed at home without complications without personal care assistant available	IV medication or hyper alimentation requiring nurse/ home care agency management
Medication administration for chronic disease management such as asthma, autoimmune disease(s), chronic obstructive pulmonary disease, cancers, dementia, diabetes, heart disease, kidney or renal disease, epilepsy, multiple sclerosis, Parkinson's disease & other, or a combination of diseases with/without personal care assistant	Medication administration for chronic disease management such as asthma, autoimmune disease(s), chronic obstructive pulmonary disease, cancers, dementia, diabetes, heart disease, kidney or renal disease, epilepsy, multiple sclerosis, Parkinson's disease & other, or a combination of diseases without personal care assistant	Signs & symptoms of exacerbation of chronic disease such as shortness of breath unresolved after resting, uncontrolled blood sugars, lack of urinary output, seizure, & other conditions requiring acute medical care.
Mental illness or mental retardation with non-violent behavior requiring minimal to moderate assistance with ADL with/without personal care assistant	Mental illness or mental retardation with non-violent behavior requiring minimal to moderate assistance with ADL without personal care assistant available	Mental illness or mental retardation that has wandering or agitated behavior
Mild dementia without abusive or wandering behavior requiring minimal to moderate assistance with ADL with personal care assistant	Mild dementia without abusive or wandering behavior requiring minimal to moderate assistance with ADL without personal care assistant	Dementia or confusion that has wandering or agitated behavior
Nasogastric tubes with/without personal care assistant	Nasogastric tube without personal care assistant	Nasogastric tubes if no personal care assistant available
Ostomy patients that require minimal to moderate assistance with ADL with/without personal care assistant	Ostomy patients that require minimal to moderate assistance with ADL without personal care assistant	Ostomy patients that require total assistance
Oxygen, nebulizer, or sleep apnea therapy that has been stable & maintained at home for more than 30 days with/without personal care assistant	Oxygen, nebulizer, or sleep apnea therapy that has been stable & maintained at home for more than 30 days without personal care assistant	Respiratory distress, shortness of breath, or unstable respiratory conditions
		Portable ventilator patients

<i>Universal Access Shelter</i>	<i>Admit to Medical Shelter</i>	<i>Refer to SNF/Hospital</i>
Dialysis patients when outpatient dialysis and transport available.	Dialysis patients when outpatient dialysis and transport available.	Dialysis patients when outpatient dialysis and transport is not available
Simple dressing changes requiring minimal to moderate assistance with ADL with/without personal care assistant	Simple dressing changes requiring minimal to moderate assistance with ADL without personal care assistant	Newly discharged, post op requiring agency assistance that has not been evaluated (has new MD orders) or complex sterile dressings
Urinary catheter (foley or suprapubic) that requires minimal to moderate assistance or when nursing personnel is available	Urinary catheter (foley or suprapubic) that requires minimal to moderate assistance or total assistance	Urinary catheter with complications requiring total assistance
Urinary or bowel incontinence requiring minimal to moderate assistance with ADL with/without personal care assistance	Urinary or bowel incontinence requiring minimal to moderate assistance with ADL without personal care assistance	Uncontrolled urinary or bowel incontinence if no caregiver available to assist.
Wheelchair bound requiring minimal to moderate assistance with ADL with/without personal care assistant	Wheelchair bound requiring minimal to moderate assistance with ADL without personal care assistant	Quadriplegic- total care that cannot be accommodated in a general/medical shelter.



ENVIRONMENTAL HEALTH ASSESSMENT FORM FOR SHELTERS



For Rapid Assessment of Shelter Conditions during Disasters

I. ASSESSING AGENCY DATA

¹Agency /Organization Name: ⁷²Immediate Needs Identified: Yes No

²Assessor Name/Title:

³Phone (____) ⁴Email or Other Contact:

II. FACILITY TYPE, NAME AND CENSUS DATA

⁵Shelter Type Community/Recovery Special Needs Other _____ ⁶ARC Facility Yes No Unk/NA ⁷ARC Code:

⁸Date Shelter Opened ____/____/____ ⁹Date Assessed ____/____/____ (mm/dd/yr) ¹⁰Time Assessed ____:____ am pm

¹¹Reason for Assessment Preoperational Initial Follow Up Other:

¹²Location Name and Description:

¹³Street Address:

¹⁴City/County: ¹⁵State: ¹⁶Zip: ¹⁷Latitude/Longitude /

¹⁸Facility Contact / Title: ¹⁹Facility Type: School Arena/Convention center Other:

²⁰Phone (____) ²¹Fax (____) ²²Email or Other Contact:

²³Current Census _____ ²⁴Estimated Capacity _____ ²⁵Number of Residents _____ ²⁶Number of Staff / Volunteers _____

III. FACILITY

²⁷Water system operational Yes No Unk/NA

²⁸Hot water available Yes No Unk/NA

²⁹Adequate space per person Yes No Unk/NA

³⁰Free of pest / vector issues Yes No Unk/NA

³¹Service animals present and meet ADA req. Yes No Unk/NA

³²Acceptable level of cleanliness Yes No Unk/NA

³³Generator in use, ³⁴if yes, Type _____ Yes No Unk/NA

³⁵Indoor temperature _____ °F Unk/NA

List Critical Issues Missing:

VII. SANITATION

⁵⁰Adequate laundry services Yes No Unk/NA

⁵¹Adequate number of toilets Yes No Unk/NA

⁵²Adequate number of showers Yes No Unk/NA

⁵³Adequate number of hand-washing stations Yes No Unk/NA

⁵⁴Hand-washing supplies available Yes No Unk/NA

⁵⁵Toilet supplies available Yes No Unk/NA

⁵⁶Acceptable level of cleanliness Yes No Unk/NA

⁵⁷Sewage System Type Community On Site Portable Unk/NA

List Critical Issues Missing:

IV. FOOD

³⁶Preparation on site Yes No Unk/NA

³⁷Served on site Yes No Unk/NA

³⁸Safe food source Yes No Unk/NA

³⁹Adequate supply Yes No Unk/NA

⁴⁰Appropriate storage Yes No Unk/NA

⁴¹Appropriate temperatures Yes No Unk/NA

⁴²Hand-washing facilities available Yes No Unk/NA

⁴³Safe food handling Yes No Unk/NA

⁴⁴Dishwashing facilities available Yes No Unk/NA

⁴⁵Clean kitchen area Yes No Unk/NA

List Critical Issues Missing:

VII. SOLID WASTE GENERATED

⁵⁸Adequate number of collection receptacles Yes No Unk/NA

⁵⁹Appropriate disposal Yes No Unk/NA

⁶⁰Appropriate storage of hazardous materials Yes No Unk/NA

⁶¹Timeley removal Yes No Unk/NA

⁶²Type Solid Hazardous Medical Unk/NA

List Critical Issues Missing:

V. DRINKING WATER AND ICE

⁴⁶Adequate water supply Yes No Unk/NA

⁴⁷Adequate ice supply Yes No Unk/NA

⁴⁸Safe water source (work w/ municipalities to ensure) Yes No Unk/NA

⁴⁹Safe ice source Yes No Unk/NA

List Critical Issues Missing:

VIII. CHILDCARE AREA

⁶³Clean diaper-changing facilities Yes No Unk/NA

⁶⁴Hand-washing facilities available Yes No Unk/NA

⁶⁵Clean food/bottle preparation area Yes No Unk/NA

⁶⁶Acceptable level of cleanliness Yes No Unk/NA

List Critical Issues Missing:

COMMENTS:

IX. SLEEPING AREA

⁶⁷Adequate number of cots/beds/mats Yes No Unk/NA

⁶⁸Adequate supply of bedding Yes No Unk/NA

⁶⁹Bedding changed regularly Yes No Unk/NA

⁷⁰Adequate spacing Yes No Unk/NA

⁷¹Acceptable level of cleanliness Yes No Unk/NA

List Critical Issues Missing:



ENVIRONMENTAL HEALTH ASSESSMENT FORM FOR SHELTERS



For Rapid Assessment of Shelter Conditions during Disasters

I. ASSESSING AGENCY DATA	
1 Agency / Organization Name _____	83 Immediate Needs Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No
2 Assessor Name/Title _____	
3 Phone _____ 4 Email or Other Contact _____	
II. FACILITY TYPE, NAME AND CENSUS DATA	
8 Date Shelter Opened ___/___/___ (mm/dd/yr) 9 Date Assessed ___/___/___ (mm/dd/yr) 10 Time Assessed ___:___ <input type="checkbox"/> am <input type="checkbox"/> pm	
11 Reason for Assessment <input type="checkbox"/> Preoperational <input type="checkbox"/> Initial <input type="checkbox"/> Follow Up <input type="checkbox"/> Other _____	
12 Location Name and Description _____	
13 Street Address _____	
14 City / County _____ 15 State ___ 16 Zip Code _____ 17 Latitude/Longitude _____/_____	
18 Facility Contact / Title _____ 19 Facility Type <input type="checkbox"/> School <input type="checkbox"/> Arena/Convention center <input type="checkbox"/> Other _____	
20 Phone _____ 21 Fax _____ 22 E-mail or Other Contact _____	
23 Current Census _____ 24 Estimated Capacity _____ 25 Number of Residents _____ 26 Number of Staff / Volunteers _____	
III. FACILITY	VII. SANITATION
27 Water system operational <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	57 Adequate laundry services <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
28 Hot water available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	58 Adequate number of toilets <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
29 Adequate space per person <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	59 Adequate number of showers <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
30 Free of pest / vector issues <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	60 Adequate number of hand-washing stations <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
31 Acceptable level of cleanliness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	61 Hand-washing supplies available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
32 Generator in use, 33 If yes, Type _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	62 Toilet supplies available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
34 Indoor temperature _____ °F <input type="checkbox"/> Unk/NA	63 Acceptable level of cleanliness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
List Critical Issues Missing: _____	64 Sewage System Type <input type="checkbox"/> Community <input type="checkbox"/> On Site <input type="checkbox"/> Portable <input type="checkbox"/> Unk/NA
	List Critical Issues Missing: _____
IV. FOOD	VIII. SOLID WASTE GENERATED
35 Preparation on site <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	65 Adequate number of collection receptacles <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
36 Served on site <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	66 Appropriate disposal <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
37 Safe food source <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	67 Appropriate storage of hazardous materials <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
38 Adequate supply <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	68 Timeley removal <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
39 Appropriate storage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	69 Types <input type="checkbox"/> Solid <input type="checkbox"/> Hazardous <input type="checkbox"/> Medical <input type="checkbox"/> Unk/NA
40 Appropriate temperatures <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	List Critical Issues Missing: _____
41 Hand-washing facilities available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	
42 Safe food handling <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	
43 Dishwashing facilities available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	
44 Clean kitchen area <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	
List Critical Issues Missing: _____	
V. DRINKING WATER AND ICE	IX. CHILDCARE AREA
45 Adequate water supply <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	70 Clean diaper-changing facilities <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
46 Adequate ice supply <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	71 Hand-washing facilities available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
47 Safe water source (work w/ municipalities to ensure) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	72 Clean food/bottle preparation area <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
48 Safe ice source <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	73 Acceptable level of cleanliness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
List Critical Issues Missing: _____	List Critical Issues Missing: _____
VI. SANITATION	X. SLEEPING AREA
49 Adequate laundry services <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	74 Adequate number of cots/beds/mats <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
50 Adequate number of toilets <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	75 Adequate supply of bedding <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
51 Adequate number of showers <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	76 Bedding changed regularly <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
52 Adequate number of hand-washing stations <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	77 Adequate spacing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
53 Hand-washing supplies available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	78 Acceptable level of cleanliness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
54 Toilet supplies available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	List Critical Issues Missing: _____
55 Acceptable level of cleanliness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	
56 Sewage system type <input type="checkbox"/> Community <input type="checkbox"/> On site <input type="checkbox"/> Portable <input type="checkbox"/> Unk/NA	
List Critical Issues Missing: _____	
	XI. COMPANION ANIMALS
	79 Service animals present and meeting ADA requirements <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
	80 Move to facility III <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
	List Critical Issues Missing: _____
	XII. OTHER CONSIDERATIONS
	81 Handicap accessibility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
	82 Make separate assessment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA
	List Critical Issues Missing: _____

Natural Disaster Morbidity Surveillance Individual Form

For Active Surveillance with Medical Staff

Part I: VISIT INFORMATION	Name of Facility	City	State	Date of Visit	Time of Visit
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> AM <input type="text"/> PM

Part II: PATIENT INFORMATION	Unique Identifier/Medical Record Number	Age <input type="checkbox"/> <1yrs <input type="text"/> yrs	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No/NA	If yes, due date <input type="text"/> / <input type="text"/> / <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Race/Ethnicity White Black/African American Hispanic or Latino Asian Unknown

Did reason for visit occur as a result of work (paid or volunteer) involving disaster response or recovery efforts? Yes No/NA

If Yes, occupation/response role Activity at time of injury/illness

Part III: REASON FOR VISIT (Please check all categories related to patient's current reason for seeking care)

<p>TYPE OF INJURY</p> <p><input type="checkbox"/> Abrasion, laceration, cut <input type="checkbox"/> Avulsion, amputation <input type="checkbox"/> Concussion, head injury <input type="checkbox"/> Fracture <input type="checkbox"/> Sprain/strain</p> <p>MECHANISM OF INJURY</p> <p><input type="checkbox"/> <u>Bite/sting</u>, specify: <input type="checkbox"/> Insect <input type="checkbox"/> Snake <input type="checkbox"/> Other specify _____</p> <p><input type="checkbox"/> <u>Burn</u>, specify: <input type="checkbox"/> Chemical <input type="checkbox"/> Fire, hot object or substance <input type="checkbox"/> Sun exposure</p> <p><input type="checkbox"/> <u>Cold/heat exposure</u>, specify: <input type="checkbox"/> Cold (e.g., hypothermia) <input type="checkbox"/> Heat (e.g., stress, hyperthermia)</p> <p><input type="checkbox"/> Electric shock</p> <p><input type="checkbox"/> <u>Fall, slip, trip</u>, specify: <input type="checkbox"/> From height <input type="checkbox"/> Same level</p> <p><input type="checkbox"/> Foreign body (e.g., glass shard)</p> <p><input type="checkbox"/> Hit by or against an object</p> <p><input type="checkbox"/> <u>Motor vehicle crash</u>, specify: <input type="checkbox"/> Driver/occupant <input type="checkbox"/> Pedestrian/bicyclist</p> <p><input type="checkbox"/> Non-fatal drowning, submersion</p> <p><input type="checkbox"/> <u>Poisoning</u>, specify: <input type="checkbox"/> Carbon monoxide exposure <input type="checkbox"/> Inhalation of fumes, dust, other gas <input type="checkbox"/> Ingestion specify _____</p> <p><input type="checkbox"/> Use of machinery, tools, or equipment</p> <p><input type="checkbox"/> <u>Violence/assault</u>, specify: <input type="checkbox"/> Self-inflicted injury/suicide attempt <input type="checkbox"/> Sexual assault <input type="checkbox"/> Other assault specify _____</p>	<p>ACUTE ILLNESS/SYMPTOMS</p> <p><input type="checkbox"/> Conjunctivitis/eye irritation <input type="checkbox"/> Dehydration <input type="checkbox"/> <u>Dermatologic/skin</u>, specify: <input type="checkbox"/> Rash <input type="checkbox"/> Infection <input type="checkbox"/> Infestation (e.g., lice, scabies) <input type="checkbox"/> Fever (≥100°F or 37.8°C)</p> <p><input type="checkbox"/> <u>Gastrointestinal</u>, specify: <input type="checkbox"/> Diarrhea <input type="checkbox"/> Bloody <input type="checkbox"/> Watery <input type="checkbox"/> Nausea or vomiting</p> <p><input type="checkbox"/> Jaundice <input type="checkbox"/> Meningitis/encephalitis <input type="checkbox"/> Neurological (e.g., altered mental status, confused/disoriented, syncope)</p> <p><input type="checkbox"/> <u>Obstetrics/Gynecology</u>, specify: <input type="checkbox"/> GYN condition not associated with pregnancy or post-partum <input type="checkbox"/> In labor <input type="checkbox"/> Pregnancy complication (e.g., bleeding, fluid leakage) <input type="checkbox"/> Routine pregnancy check-up</p> <p><input type="checkbox"/> <u>Pain</u>, specify: <input type="checkbox"/> Abdominal pain or stomachache <input type="checkbox"/> Chest pain, angina, cardiac arrest <input type="checkbox"/> Ear pain or earache <input type="checkbox"/> Headache or migraine <input type="checkbox"/> Muscle or joint pain (e.g., back, hip) <input type="checkbox"/> Oral/dental pain</p> <p><input type="checkbox"/> <u>Respiratory</u>, specify: <input type="checkbox"/> Congestion, runny nose, sinusitis <input type="checkbox"/> Cough, specify: <input type="checkbox"/> Dry <input type="checkbox"/> Productive <input type="checkbox"/> With blood <input type="checkbox"/> Pneumonia, suspected <input type="checkbox"/> Shortness of breath/difficulty breathing <input type="checkbox"/> Wheezing in chest</p> <p><input type="checkbox"/> Sore throat</p>	<p>EXACERBATION OF CHRONIC DISEASE</p> <p><input type="checkbox"/> <u>Cardiovascular</u>, specify: <input type="checkbox"/> Hypertension <input type="checkbox"/> Congestive heart failure</p> <p><input type="checkbox"/> Diabetes <input type="checkbox"/> Immunocompromised (e.g., HIV, lupus)</p> <p><input type="checkbox"/> <u>Neurological</u>, specify: <input type="checkbox"/> Seizure <input type="checkbox"/> Stroke</p> <p><input type="checkbox"/> <u>Respiratory</u>, specify: <input type="checkbox"/> Asthma <input type="checkbox"/> COPD</p> <p>BEHAVIORAL HEALTH</p> <p><input type="checkbox"/> Agitated behavior (i.e. violent behavior/threatening violence) <input type="checkbox"/> Anxiety or stress <input type="checkbox"/> Depressed mood <input type="checkbox"/> Drug/alcohol intoxication or withdrawal <input type="checkbox"/> Previous mental health diagnosis (i.e. PTSD) <input type="checkbox"/> Psychotic symptoms (i.e. paranoia) <input type="checkbox"/> Suicidal thoughts or ideation</p> <p>ROUTINE/FOLLOW-UP</p> <p><input type="checkbox"/> Medication refill If yes, how many medications? _____</p> <p><input type="checkbox"/> Blood sugar check <input type="checkbox"/> Vaccination <input type="checkbox"/> Blood pressure check <input type="checkbox"/> Wound care</p> <p>OTHER</p> <p><input type="text"/></p>
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Influenza-like-illness (ILI) – Fever (temperature of 100°F [37.8°C] or greater) AND a cough or a sore throat in the absence of a KNOWN cause other than influenza