



County of San Luis Obispo
Public Health Department

Medical Health Operational Area Coordinator (MHOAC) Program

Standard Operating Procedure

ORIGINAL PROCEDURE

June 2011

REVISED

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AUTHENTICATION

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REVISIONS

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Original Document		06/2011
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DISTRIBUTION

COPY	QUANTITY	LOCATION	MODE
Original	1	County Public Health Department Office File	
Working Copy	1	County Public Health Department Office File	
	1	Cal OES Region One RDMHC Program	
	1	Long Term Care Ombudsman (LTCO)	
	1	Tri County Regional Center (TCRC)	
<i>County of San Luis Obispo</i>			
	1	County Health Officer	
	1	EMSA	
	1	Health Agency Director	
	1	Health Agency Deputy Director	
	2	County Office of Emergency Services: EOC DOC	
<i>Ambulance Services</i>			
	1	San Luis Ambulance Service	
	1	Cambria Health Care District	
<i>Health Care Facilities</i>			
	1	Arroyo Grande Community Hospital Emergency Department	
	1	French Hospital Medical Center Emergency Department	
	1	Sierra Vista Regional Medical Center Emergency Department	
	1	Twin Cities Community Hospital Emergency Department	
	2	Cal Poly State University Health Care Police Department	

COPY	QUANTITY	LOCATION	MODE
<i>Sheriff's Office</i>			
	2	Sherriff's Office: Patrol Headquarters Dispatch	
<i>City and Community Fire Departments</i>			
	3	Five Cities Fire Authority: Arroyo Grande Fire Station Grover Beach Fire Station Oceano Fire Station	
	1	City of Pismo Beach Fire Department	
	1	City of Paso Robles Fire Department	
	1	City of Atascadero Fire Department	
	1	City of Morro Bay Fire Department	
	1	City of San Luis Obispo Fire Department	
	1	Cambria Community Services District Fire Department	
	1	San Miguel Community Services District Fire Department	
	1	Templeton Community Services District Fire Department	
	1	Santa Margarita Fire Protection District	
	1	Hearst Castle Fire Department	
	1	California Men's Colony Fire Department	
	1	Atascadero State Hospital Fire Department	
	1	Camp Roberts Fire Department	
	1	Diablo Canyon Fire Department	
<i>CAL FIRE / County of San Luis Obispo Fire</i>			
	4	CAL FIRE/ County of SLO Fire: Operations Chief Emergency Command Center Training Center EMS Coordinator	

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PART ONE - OVERVIEW

1. OBJECTIVE

- 1.1. Identify the process by which the Medical Health Operational Area Coordinator (MHOAC) coordinates the prioritization and movement of scarce medical and health resources within, into and out of the San Luis Obispo County Operational Area (SLO OA) during extraordinary emergencies, disaster, multi-casualty incident or in response to mutual aid requests consistent with the California Medical Mutual Aid Plan and California Department of Public Health (CDPH) Medical Emergency Operations Manual (EOM).
- 1.2. Identify the process by which, during a disaster, extraordinary emergencies or in response to mutual aid requests, the MHOAC acts as the single point of contact for coordination with local medical and health providers and the CA OES Mutual Aid Region One Regional Disaster Medical Health Coordinator Program (RDMHC).
- 1.3. Identify the role of the County Health Officer (CHO), the MHOAC Program, and County Health Agency Department Operations Center (CHADOC) and clarify MHOAC role in relation to the above and the SLO OA Emergency Operations Center (EOC).
- 1.4. Identify the process by which accurate and timely Situation Status Reports (Sit Rep) are prepared and distributed to local providers, EOCs and the RDHMC Program.
- 1.5. Ensure this SOP is in compliance with Incident Command System (ICS), CA Standardized Emergency Management System (SEMS), and National Incident Management System (NIMS).
- 1.6. Ensure this SOP, in conjunction with, the County Emergency Operations Plan, includes provisions for individuals with access and functional needs (AFN)

2. DEFINITIONS

The MHOAC Program is authorized by the California Health and Safety Code Section 1797.153. The MHOAC Program operates in coordination with the San Luis Obispo County Emergency Operations Plan, the California Department of Public Health Medical Emergency Operations Manual (EOM), California Medical Mutual Aid Plan, and the California Master Mutual Aid Agreement. Attachment 7 lists the 17 MHOAC functions.

The MHOAC is the person responsible for monitoring and ensuring adequate medical and health resources are in place during a local emergency and authorized to make and respond to requests for mutual aid from out of the SLO OA.

The order of succession is as follows:

- County Health Officer (CHO) (or designated alternate)
- SLO County Public Health Department Emergency Medical Services Division Director (LEMSA Administrator)
- LEMSA EMS Coordinator

- Public Health Emergency Preparedness (PHEP) Program Manager
- PHEP Specialist

2.1. Regional Disaster Medical Health Coordinator (RDMHC) Program

Is the program responsible for monitoring and ensuring adequate medical and health resources are in place during emergencies in Cal OES Mutual Aid Region 1 and authorized to make and respond to requests for mutual aid from the SLO OA. The point of contact for the RDMHC Program in the SLO County OA is the MHOAC / CHADOC Director, or designee, including but not limited to Situation Status Reports (Sit Reps) and Resource Requests.

2.2. Local Emergency Medical Services Agency (LEMSA)

Is a sub function of the County Public Health Department and routinely coordinates all pre-hospital emergency services including field providers, specialty care systems (STEMI/Trauma), hospital emergency departments, and other emergency medical services providers countywide. EOC Medical Health Branch Director is a County EOC sub function of the MHOAC and when activated is assigned within the Operations Section of the County EOC (See organizational chart in Attachment 1)

2.3. MHOAC Function

The MHOAC may delegate the detailed coordination activities involved in managing medical and health resources and situational status reporting to Health Agency staff during times of extraordinary emergency or disaster. During non-emergency operations and the initial phases of an emergency, the MHOAC Program operates in a “duty officer” mode. Once the CHADOC is activated, the MHOAC Program functions are distributed to various CHADOC positions (See Attachment 7). The MHOAC may occasionally be at the County EOC in lieu of a Medical Health Branch Director.

2.4. MedCom

Is the emergency dispatch service for all ambulances and transporting resources in the SLO OA; MedCom is located at, and is a function of, the Sheriff’s Office 9-1-1 dispatch center.

2.5. The California Health Alert Network (CAHAN)

Is a state-sponsored internet system used to send notifications of impending or current situations that may affect the public's health to contacts within the State's jurisdiction. CDPH Emergency Preparedness Office (EPO) administers CAHAN statewide to facilitate alerting and collaboration between Federal, State, Local / County Health Departments (LHD), clinics, hospitals, and other public health emergency partners on a 24 x 7 x 365 basis. Local Health Agency staff is responsible for operation of the San Luis Obispo County portion of the system.

2.6. ReddiNet

Is an internet program and device application that links hospitals and ambulance providers with Public Health Departments and dispatch centers. All acute care hospitals and ambulance providers in San Luis Obispo County are connected to the ReddiNet system. It is administered through the Hospital

Association of Southern California (HASC). Local administration of this system within San Luis Obispo County is managed through the County Public Health Department (PHD) Emergency Medical Services Division, PHEP Program

3. BACKGROUND

The MHOAC Program role is to facilitate the strategic availability of necessary emergency medical and health resources by coordinating resources within, into and out of the SLO OA. The MHOAC also coordinates information among medical and health entities through situation reporting. The MHOAC Program has 4 major activities to perform in order to ensure the operational effectiveness of the 17 mandated functions:

- Overall incident assessment to maintain situational awareness (SA)
- Overall interagency coordination (IAC) with subject matter experts (SME) in the 17 functional areas, including medical and mental health providers, partner agencies (ex: Environmental Health, LEMSA, clinics, acute care hospitals, and long term care facilities)
- Situation status reporting by gathering information and developing a Situation Report (Sit Rep) that presents a common operational picture of the incident at any single point in time. This will be distributed in accordance with guidance from the EOM and utilizing the County of San Luis Obispo Health Agency (HA) Public Health Department (PHD) “Mass Communication Distribution Form.”
- Resource request management for medical and health resources within the OA and with the RDMHC Program. This will entail coordinating and processing requests, filling them locally if possible or forwarding them to the RDMHC Program.
- The MHOAC Program will make decisions regarding scarce resource allocation of personnel, equipment, and supplies.
- The MHOAC will use a Multi Agency Coordination (MAC) process to develop strategic guidance on allocation of scarce, critical resources, including prioritization and allocation between competing priorities and requests. This will be done in accordance with the guidance in the CDPH EOM.
- Consideration should be given to utilize a conference call (Attachment 6) to gather input and achieve consensus.
- Primary considerations for resource allocation priority include
 - Life threatening situations
 - Threat to property
 - Environmental impact
 - High damage potential
 - Incident complexity
 - Economic impact
 - Access and Functional Needs (AFN) impact
 - Political impact

3.1. Role of the MHOAC at County EOC

The MHOAC will routinely be a member of the EOC Command Function when the County Emergency Operations Center (EOC) is fully activated and will serve a lead role in coordinating the medical and health response to the event. MHOAC will routinely delegate MHOAC functions to CHADOC staff (through the EOC Medical Health Branch Director if activated).

3.2. Planning

The MHOAC coordinates the development of OA plans and policies for disaster medical and health response that includes (at a minimum) the seventeen (17) major functions (Attachment No. 7) identified in HSC 1797.153. Plans include reporting processes for the three mutual aid operational response conditions defined in the EOM. This is also included in the California Emergency Function 8 (EF8) of the California Emergency Operations Plan, published by CA OES.

3.3. Event Severity Levels affect EMS Mutual Aid System Activation Status

Emergency activity levels (either predicted or occurring) and the resulting impact on the capacity of the EMS system within the SLO OA will determine the status level of EMS mutual aid activation (2011 EOM Communications Section). The MHOAC will evaluate whether the SLO OA is operating at a routine business level or due to a single large event or the cumulative effect of multiple smaller events that overtax the system's routine capacity will require upgrading mutual aid system status.

Three levels of activation exist:

- Day to day;
- Unusual event;
- Emergency system activation.

3.4. Day-to-Day Activities

Entities within the Public Health and Medical System conduct a myriad of day-to-day activities that may be described as "routine business". The MHOAC will typically only be monitoring system status and conducting routine information sharing.

3.5. Unusual Event

According to the EOM, an unusual event is defined as an incident that significantly impacts or threatens public health, environmental health or emergency medical services. This differs from the Nuclear Power Plant (NPP) emergency plan definition of an Unusual Event. The MHOAC will promote and be involved in enhanced system wide situational awareness (SA). An unusual event may be self-limiting or a precursor to emergency system activation. Criteria for an unusual event may include any of the following:

- The incident significantly impacts or is anticipated to impact public health or safety;
- The incident disrupts or is anticipated to disrupt the Public Health and Medical System;

- Resources are needed or anticipated to be needed beyond the capabilities of the SLO OA, including those resources available through existing agreements (day- to-day agreements, memoranda of understanding, or other emergency assistance agreements);
- The incident produces media attention or is politically sensitive;
- The incident leads to a Regional or State request for information; and/or
- Whenever increased information flow from SLO OA to the State will assist in the management or mitigation of the incident's impact.

3.6. Emergency System Activation

Emergency system activation status occurs when CHADOC and / or the County (OA) EOC are activated and / or out of SLO OA mutual aid is likely to be utilized.

4. MEDICAL AND HEALTH MUTUAL AID SYSTEM

The MHOAC coordinates and processes all medical and health resource requests within, into and out of the SLO OA consistent with the CDPH EOM, ensuring that adequate resources are available to meet the needs of the SLO OA medical and health response system. Additionally, MHOAC is responsible for situation status reports and other vital exchanges of information between SLO OA emergency medical and health service providers and organizations and service providers outside of the SLO OA. Medical and health service providers referred to above include but are not limited to the following:

- Transporting and non-transporting EMS provider agencies
- Public Health Departments
- Acute care hospitals
- Skilled Nursing Facilities (SNF)
- Medical clinics
- Extended care facilities
- Behavioral Health providers
- Environmental Health
- Other health related agencies/functions/providers

Criteria for delegation of the MHOAC function to CHADOC can include:

- Forecast need due to predicted situation
- Disruption of medical and health services in the SLO OA
- Nature and severity of an ongoing event
- Degree of escalation or potential for escalation in scope of event
- Need for incident coordination beyond the immediate event scene
- Existence of multiple, major incidents/events within the SLO OA
- Need for acquisition of additional resources from within the SLO OA
- Mutual Aid requests for SLO OA resources from other OAs.

4.1. Coordination with Other Emergency Service Providers and Day to Day Mutual Aid

The MHOAC SOP and functions are coordinated with the County Emergency Operations Plan, Fire & Rescue and Law Enforcement Mutual Aid Plans and their respective Mutual Aid Coordinators. This SOP does not change applicable existing local day to day mutual aid and automatic aid agreements or routine fire/rescue/EMS responses.

The MHOAC Ensures that SLO OA Fire-Rescue and Law Enforcement Coordinators and the County Office of Emergency Services (OES) are advised of significant medical and health incidents. This includes coordination with applicable dispatch facilities (i.e. MedCom, CAL FIRE / County Fire Emergency Command Center (ECC), and other local and state agency dispatch centers).

4.2. Day-to-Day Initial Response

For immediate need, resources are dispatched/managed by the dispatch/procurement system of the facility or agency having jurisdiction (AHJ) through the assigned local provider. Direct dispatching of field resources to new or existing emergencies is NOT a MHOAC function, but remains the responsibility of the AHJ.

The MHOAC may authorize, monitor, and coordinate as necessary, the use of non-medical transportation vehicles to transport casualties.

The MHOAC coordinates health and medical resource needs with the American Red Cross (ARC) and other care and shelter providers via SLO County OES.

The MHOAC is the initial point of contact for all extraordinary medical and health resource requests whether or not the EOC or the CHADOC is activated. The MHOAC coordinates EMS resources requested from outside the SLO OA.

Using ReddiNet or other appropriate communication systems, the MHOAC will monitor and, coordinate as necessary, EOC/event/incident status, medical and health system status, patient transfer, facility capacity, and casualty information with medical and health providers including the on-scene Transportation Unit Leader.

The MHOAC uses the EOM as a guide to coordinate response among multiple local jurisdictions and to access disaster medical and health service response at all levels of government and the private sector.

Requests for resource assistance from outside the SLO OA must be approved by the MHOAC and requires two simultaneous actions:

- EOM Resource Request form submitted directly to the CA OES Region 1 Mutual Aid System RDMHC Program by MHOAC, and
- The SLO County MHOAC will contact SLO County OES and request that Co OES submit a CAL EOC formatted resource request to the Cal OES Southern Regional Emergency Operations Center (REOC) for issuance of a Cal OES Mission Number. A mission number must be assigned prior to

any out of area resources responding to assist another OA unless covered by a pre-existing assistance agreement.

4.3. Levels of MHOAC Activation

Levels of MHOAC activation may include:

Monitoring daily operational status in a Duty Officer status. Focus on situational awareness and interagency coordination with partners, possibly including Situation Report (Sit Rep) development and distribution. Does not require EOC or CHADOC activation. Incident/event is manageable with on-scene and day to day health and medical resources. MHOAC can provide coordination by monitoring accomplishments by on-scene ICS staff working with authority having jurisdiction (AHJ) dispatch centers and determination of local medical and health providers' resources operating within normal capacity.

Partial Activation, typically in a Duty Officer status, possibly with extra help (additional EMS Division staff, CHO, Subject Matter Experts (SME) – MAY include activation of CHADOC and/or County EOC. Increased incident/event complexity may be due to number of casualties, responding resources, need for prioritization of scarce resources or need for resources from outside the SLO OA, disruption of medical and health services within the OA, and need for incident coordination beyond the event scene. The MHOAC can more effectively coordinate resources by activation the MHOAC function in CHADOC, where the 17 MHOAC functions will be distributed to various CHADOC staff for accomplishment.

Full Activation, may include activation of the County EOC with a Medical Health Branch Director assigned to EOC – CHADOC will be activated with the MHOAC functions distributed to various CHADOC staff for accomplishment. See Attachment 8 for description of this distribution. Incident/ events include major disaster, epidemic, large number of evacuees or worried wells.

4.4. Trigger Points for MHOAC Activation

- An incident or incidents that exceed the ability and resources of a single individual acting as a MHOAC in a "duty officer" status to effectively provide inter and intra agency coordination and strategic planning
- Any Level II Multi Casualty Incident (MCI) within SLO County
- Any CHADOC activation
- Any EOC activation involving the medical and health systems, or the proclamation of a Local Emergency
- The need for policy decisions beyond the authority of the MHOAC
- The professional judgement of the MHOAC

Criteria for delegation of the MHOAC function in CHADOC can include:

- Forecast need due to predicted situation
- Disruption of medical and health services in the SLO OA
- Nature and severity of an ongoing event
- Degree of escalation or potential for escalation in scope of event

- Need for incident coordination beyond the immediate event scene
- Existence of multiple, major incidents/events within the SLO OA
- Need for acquisition of additional resources from within the SLO OA
- Mutual Aid requests for SLO OA resources from other OAs.

5. FINANCIAL REIMBURSEMENT GENERAL ELIGIBILITY REQUIREMENTS

Medical and health providers should expect to be responsible for expenses associated with requesting mutual aid assistance through the MHOAC.

Generally, entities are responsible for expenses related to their own resources and any requested resources. It is critical that entities track and monitor potentially eligible expenses. If a “State of Emergency” or “Disaster” is proclaimed, there may be financial relief available but it should not be expected. Many proclamations do not reimburse providers for expenses. If relief funding becomes available as a part of the recovery process, the provider will be required to document expenses to receive reimbursement or other forms of assistance.

In order to qualify for disaster-related assistance through state and federal programs, documented eligible expenses must be:

- Required as the direct result of the proclaimed emergency or major disaster;
- Located within the designated disaster area, except for sheltering, evacuation activities, and mobilization centers, which may be located outside the designated disaster area; and
- The legal responsibility of the eligible applicant at the time of the disaster.

For more information about recovery and reimbursement, visit the Cal OES Recovery website at

<http://www.caloes.ca.gov/cal-oes-divisions/recovery>

6. SITUATION STATUS REPORTING

6.1. Sit Rep Form

An essential function of the MHOAC is developing and sharing a common operating picture of the event/incident impact on the SLO OA, and reporting them on the Sit Rep form. The form and instructions are in Attachments 2 and 3, Section 3 of this SOP, and online at:

<https://www.cdph.ca.gov/Programs/EPO/CDPH%20Document%20Library/SitRep2-7c%20Fillable.pdf>

6.2. Gathering and Disseminating Status Information

The MHOAC is responsible for gathering and disseminating timely and accurate information regarding the status of the health and medical response system in San Luis Obispo County and other operational areas that may affect SLO OA. A Flash Report (Attachment 10) should be submitted to the RDMHC Program, CDPH Duty Officer, and CA EMSA Duty Officer as soon as possible after a new event that results in a significant impact to the SLO OA. A Sit Rep report should follow within a reasonable period of time.

The MHOAC will make periodic inquiries to assess SLO OA medical and health system status and capacity for current and projected system demand. Related pertinent information will be shared with SLO OA service providers and County EOC Command staff; Fire & Rescue Mutual Aid Coordinator; Law Enforcement Mutual Aid Coordinator; County OES and with the Cal OES Region 1 RDHMC (note: a current Situation Report SHALL accompany any resource requests to Region 1 RDMHC). The EOM has a standard reporting format for situation status reports to RDMHC Program. Essential Elements of Information (EEI) are included in the EOM Sit Rep Form and the CHADOC SOP Attachment 10, "Facility Status Checklist." Identification of distribution methods and recipients are included in the County of SLO Health Agency, Public Health Department "Mass Communications Distribution Form." (Attachment 12). It is also available on the Health Agency Intranet at [mySLO](#) > [Health Agency](#) > [Public Health Department](#) > Public Health Forms as a pdf document.

6.3. Local Status, Regional and Statewide Status

The following critical system status information should be gathered for dissemination regarding local, regional or state levels for events or system status that impacts the SLO OA.

Event/Incident:

- Current event /incident status
- Projected event/incident status

Medical and Health Care System Status

- Current system status
- Current system capacity
- Available system capacity/expansion
- Projected activates that may affect system capacity

Medical and Health Resource Status

- Current Resource status
- Resource shortfalls/needs
- Resource surpluses/excess capacity
- Resources available for assignment within or outside SLO OA

7. ADVANCED LIFE SUPPORT AUTHORITY OUT OF OPERATIONAL AREA

7.1. Guidelines for use of SLO County Paramedics out of SLO County

Advanced Life Support (ALS) personnel who respond outside the SLO OA are authorized to operate according to CA Emergency Medical Services Authority (EMSA) guidelines and specifically San Luis Obispo County Emergency Medical Services Agency (EMSA) Policy 209: Guidelines for use of San Luis Obispo County Paramedics outside of San Luis Obispo County, and operate outside of San Luis Obispo County using San Luis Obispo County EMSA Protocols.

7.2. Guidelines for use of Out-of-County Paramedics during Emergency Operations

Advanced Life Support (ALS) personnel who respond from outside the SLO OA in to the SLO OA have authority to operate according to CA EMSA Guidelines and specifically San Luis Obispo County Emergency Medical Services Agency (EMSA) Policy 208: Guidelines for use of Out-of-County Paramedics during Emergency Operations, and operate inside San Luis Obispo County using their home Local EMSA (LEMSA) protocols.

8. TRAINING

The County Public Health Department (PHD) EMS Division Public Health Emergency Preparedness Program (PHEP) is responsible for coordinating training on this SOP.

The following groups of individuals should be trained on this SOP:

- MedCom Dispatchers
- CAL FIRE Emergency Command Center (ECC) Staff
- Fire Service emergency response personnel
- MHOAC succession incumbents – see Section 2
- CHADOC MHOAC Function staff
- Medical and health service providers, including ambulances
- Local Authority having Jurisdictions (AHJ) dispatchers
- SLO County OES

As appropriate for trainee group, training shall include the following topics:

- SOP Overview
- CHADOC and County EOC Organizational charts
- MHOAC Position-Role and who fills this position
- Use of Medical and Health Resource Request form(s)
- Use of Medical and Health Situation Report form(s)
- CA Public Health and Medical Emergency Operations Manual (EOM)
- CA Medical and Health Mutual Aid System

9. SOP MAINTENANCE

The County Public Health Department EMS Division PHEP Program will coordinate the review of this SOP, and make revisions as appropriate. Revisions will be based on after action reports and quality improvement process reviews completed following significant trainings, drills, exercises and actual events. The County Health Officer, Public Health Emergency Preparedness Program Manager or EMS Division Manager will determine whether a particular training, drill, exercise or actual event was significant, and, therefore requires an after action report and/or quality improvement process review

PART TWO – CHECKLISTS

<u>Checklist 1: Situation Status Report</u>	12
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CHECKLIST 1: SITUATION STATUS REPORT

POSITION FILLED BY: MHOAC / Designee

NOTIFIED / ACTIVATED BY: CHO/ MHOAC

REPORTS TO: CHO/ MHOAC

SUPERVISES: None

RESPONSIBILITIES:

1. Coordinate, develop, and distribute SIT REPS.

1. ACTIVATION

- _____ 1.1 This position will be filled by the MHOAC / designee on a 24/7 basis

2. RESPONSE

- _____ 2.1 Serve as the single point of contact (POC) for the Operational Area (OA) and RDMHC Program with regard to situation status for the 17 MHOAC functions.
 - _____ 2.1.1 Advise the health care partners (especially the Hospital Emergency Departments and HICS) of the phone number to contact the MHOAC
- _____ 2.2 Develop a Sit Rep that is a common operational picture of the event / incident / activities at a given point in time.
- _____ 2.3 Consider doing a “flash report” (Attachment 10) as soon as practical after becoming aware of an event / incident / activity occurring within one or more of the 17 MHOAC functions when the activity level exceeds normal day to day operations.
- _____ 2.4 Complete and distribute a formal Sit Rep (Attachment 2)
 - _____ 2.4.1 Within two hours of an occurrence listed in 2.3
 - _____ 2.4.2 To accompany all Resource Requests
 - _____ 2.4.3 For any significant change in event / incident / activity status
 - _____ 2.4.4 At the end of every operational period
 - _____ 2.4.5 To close out an event
- _____ 2.5 Use the CDPH EOM Sit Rep form (Attachment 2); an electronic version is available at

<https://www.cdph.ca.gov/Programs/EPO/CDPH%20Document%20Library/SitRep2-7c%20Fillable>

Obtain information from medical and health entities involved with the event / incident / activities. Consider including the following:

- Field responders
- EMS transport providers
- Acute care hospitals
- Skilled nursing facilities
- Environmental Health
- Public Health Nursing
- Behavioral Health
- Home Health agencies
- Walk in clinics
- Outpatient surgery centers
- Intermediate Care Facilities (ICF)
- Developmentally Delayed Facilities (DD)
- Residential Care For Elderly Facilities (RCFE)
- Dialysis Facilities

_____ 2.5.1 Monitor the situation on an ongoing basis

_____ 2.5.2 Establish a schedule for Sit Rep updates

_____ 2.5.3 Establish a schedule for conference calls (Attachment 6)

_____ 2.6 Distribute the Sit Rep using the San Luis Obispo County Health Agency Public Health Department Mass Communication Distribution Form (Attachment 12)

_____ 2.6.1 Minimum distribution should include at least the following, as needed:

- County Health Officer (CHO)
- SLO County MHOAC Program Staff
- Health Agency Director
- EMS Division Manager
- PHEP Program Manager
- EMS Division Staff (EMSA & PHEP)
- SLO County OES Duty Officer
- SLO County EOC if activated
- SLO County Environmental Health Division of the Public Health Dept
- SLO County Public Health Nursing Division of the Public Health Dept
- SLO County Public Health Lab Division of the Public Health Dept
- RDMHC Program, CA OES Region One
- CDPH Duty Officer
- State EMSA Duty Officer

- CAL OES State Warning Center (SWC) -- if not able to contact the CA EMSA Duty Officer

_____ 2.6.2 Consider distribution to:

_____ 2.6.2.1 SLO County Disaster Healthcare Coalition Partners (HPP and DHCC)

_____ 2.6.2.2 Consider distribution to Health Agency Supervisors and Managers. May use email distribution list: HA_Sups_Mgrs

_____ 2.6.3 Consider the use of the following as distribution methods

- E mail
- CAHAN
- PH Alerting
- ReddiNet
- WEB EOC (contact SLO County OES)
- CA EOC (contact Cal OES)

3. TRANSFER OF RESPONSIBILITIES

_____ 3.1 Upon CHADOC activation, transfer Sit Rep responsibilities to the CHADOC Plans Section / Situation Status Unit Leader.

CHECKLIST 2: REQUESTING MEDICAL AND HEALTH RESOURCES FROM WITHIN THE SLO OA

POSITION FILLED BY: MHOAC / Designee

NOTIFIED / ACTIVATED BY: CHO/ MHOAC

REPORTS TO: CHO/ MHOAC

SUPERVISES: None

RESPONSIBILITIES:

1. Coordinate resource requests within the OA

1. ACTIVATION

_____ 1.1 This position will be filled by the MHOAC / designee on a 24 / 7 basis

2. RESPONSE

_____ 2.1 Serve as the single point of contact (POC) for the Operational Area (OA) with regard to resource requests originating within the OA.

_____ 2.2 Prepare a Sit Rep to accompany each resource request.

_____ 2.3 Use Attachment 4 to document resource request and fulfillment

_____ 2.4 Assign a unique identifying number to each request.

_____ 2.5 Attempt to fill the request with OA resources. If NOT able to fill request with OA resources, use Checklist 3, Requesting Medical and Health Resources from outside of the OA.

_____ 2.6 Advise the requestor of the status of fulfillment, including ETA.

_____ 2.7 Advise the RDMHC Program of resource request activity

_____ 2.8 Advise SLO County OES of resource request activity

3. TRANSFER OF RESPONSIBILITY

_____ 3.1 Upon CHADOC activation, transfer Resource Request responsibilities to the CHADOC Logistics Section.

CHECKLIST 3: REQUESTING MEDICAL AND HEALTH RESOURCES FROM OUTSIDE OF THE OA AND RESPONDING TO REQUESTS FROM OUTSIDE THE OA

POSITION FILLED BY: MHOAC / Designee

NOTIFIED / ACTIVATED BY: CHO/ MHOAC

REPORTS TO: CHO/ MHOAC

SUPERVISES: None

RESPONSIBILITIES:

1. Coordinate resource requests for the OA
-

1. ACTIVATION

- _____ 1.1 This position will be filled by the MHOAC / designee on a 24 / 7 basis

2. RESPONSE

- _____ 2.1 Serve as the single point of contact (POC) for the Operational Area (OA) with regard to resource requests originating within the OA that cannot be filled within the OA
- _____ 2.2 Serve as the single POC for the OA with regard to resource requests originating from without the OA, and for the RDMHC Program
- _____ 2.3 The MHOAC will be the single POC responsible for scarce resource allocation of medical and health resources within the OA, including personnel and medical volunteers.
- _____ 2.4 Prepare a Sit Rep to accompany each resource request.
- _____ 2.5 In accordance with the EOM, use Attachment 5 to document resource request and fulfillment. An electronic version can be found at:

https://www.cdph.ca.gov/Programs/EPO/Pages/Resource_Publications.aspx
- _____ 2.6 Assign a unique local identifying tracking number to each request.
- _____ 2.7 For resource requests originating from the RDMHC Program, attempt to fill them with OA resources, and keep the RDMHC Program advised of status.
- _____ 2.8 Coordinate with the SLO County OES for input of resource requests into the CAL OES Resource Management System and obtaining a CAL OES Mission Number.

_____ 2.9 Maintain coordination or resource status and requesting activity with at least the following:

- Health Agency Director
- County Health Officer
- MHOAC Program staff
- PHEP staff
- EMSA staff
- SLO County OES

3. TRANSFER OF RESPONSIBILITY

_____ 3.1 Upon CHADOC activation, transfer Sit Rep responsibilities to the CHADOC Logistics Section

CHECKLIST 4: DEMOBILIZATION OF THE MHOAC FUNCTION

POSITION FILLED BY: MHOAC / Designee

NOTIFIED / ACTIVATED BY: CHO/ MHOAC

REPORTS TO: CHO/ MHOAC

SUPERVISES: None

RESPONSIBILITIES:

1. Ensure that a Demobilization Plan is developed
2. Ensure that all documentation is collected
3. Ensure that all support services are released
4. Prepare After Action Report (AAR)

.....

Consider the following items when demobilization of active MHOAC activities and returning to "Duty Officer" status.

- _____ 1.1 Appropriate time to demobilize, and whether to do it in phases
- _____ 1.2 Establish priority for resource demobilization
- _____ 1.3 Make provision for Critical Incident Stress Debriefing (CISD) as needed
- _____ 1.4 Determine if safety based rest and recovery is necessary before resources can be released
- _____ 1.5 Ensure any loaned equipment or materials are returned to owner prior to release of resources
- _____ 1.6 Ensure documentation required of out of area resources is complete prior to release
- _____ 1.7 Communicate demobilization planning to all affected jurisdictions and agencies
- _____ 1.8 Notify RDMHC Program of release of resources
- _____ 1.9 Notify sending organization of return of their resources and request confirmation when they arrive
- _____ 1.10 Ensure completion of all required reports and documentation
- _____ 1.11 Ensure all receipts, invoices, and other fiscal documents are appropriately distributed
- _____ 1.12 Ensure an immediate post incident critique is conducted

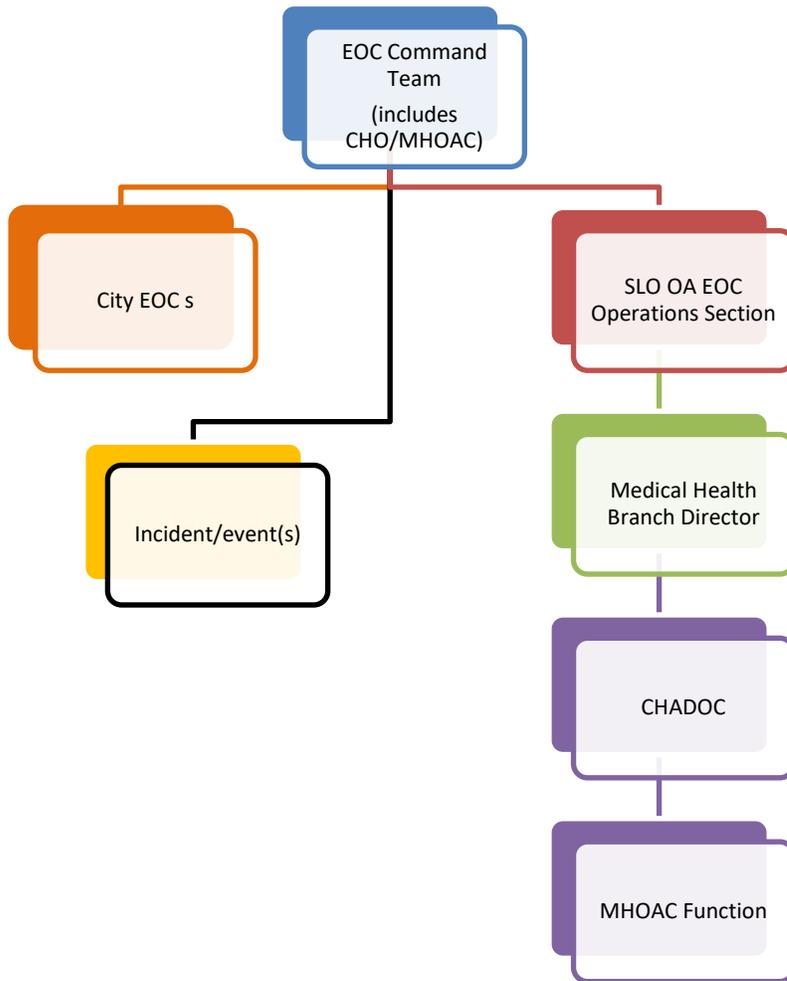
_____ 1.13 Ensure that an After Action Report (AAR) is completed

PART THREE – ATTACHMENTS

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ATTACHMENT 1: SLO OA MHOAC MUTUAL AID ORGANIZATION CHART

San Luis Obispo Operational Area Medical and Health Emergency Activation Organizational Chart



ATTACHMENT 2: CDPH SITUATION STATUS REPORT FORM

- NOTES:**
- 1 A paper and pen version of the form follows
 - 2 For an electronic version, go to:
https://www.cdph.ca.gov/Programs/EPO/Pages/Resource_Publications.aspx
 - 3 To collect information from Health & Medical partners, use the HICS 251 found in Attachment 6, Conference Call Procedures, and on ReddiNet
- GUIDANCE:**
- 1 A Sit Rep is a “snapshot in time” of an event – as of right NOW
 - 2 Focus on:
 - What has, is, and will be happening
 - The operational status of the organization
 - Capability / resource needs
 - Critical information and actions
 - 3 Use plain text, avoid acronyms or jargon
 - 4 Focus on known facts that are validated and verified
 - 5 Update Sit Rep:
 - if significant changes occur in status, prognosis, or resources
 - at least once in every Operational Period
 - as requested by the Region or State

CDPH Incident Levels

The Public Health and Medical Incident Level is based on the need for health and/or medical resources to effectively manage the incident. The EOM identifies three levels based on the need for resources:

Level 1	Requires resources or distribution of patients within the affected Operational Area only or as available from other Operational Areas through existing agreements (including day- to-day agreements, memoranda of understanding or other emergency assistance agreements).
Level 2	Requires resources from Operational Areas within the Mutual Aid Region beyond existing agreements (including day-to-day agreements, memoranda of understanding or other emergency assistance agreements) and may include the need for distribution of patients to other Operational Areas.
Level 3	Requires resources or distribution of patients beyond the Mutual Aid Region. May include resources from other Mutual Aid Regions, State or federal resources.

CDPH System Status Color Codes

Public Health and Medical System Status is assessed using a color-coded system that describes conditions along a continuum from normal daily operations to major disaster. MHOAC will communicate status changes when appropriate. This system is generally modeled after the system developed to assess and report Health Care Surge Level described in CDPH’s *Standards and Guidelines for Healthcare Surge during Emergencies*. (See chart below)

PUBLIC HEALTH AND MEDICAL SYSTEM STATUS	
Color	Condition
Green	The Public Health and Medical System is in usual day-to-day status. Situation resolved; no assistance is required.
Yellow	The Public Health and Medical System is managing the incident using local resources or existing agreements. No assistance is
Orange	The Public Health and Medical System requires assistance from within the local jurisdiction/Operational Area.
Red	The Public Health and Medical System requires assistance from outside the local jurisdiction/Operational Area.
Black	The Public Health and Medical System requires significant assistance from outside the local jurisdiction/Operational Area.
Grey	Unknown.

Incident Information

Incident Name & Type _____

____ 1.1 Incident Location:

- Street Address: _____
- Cross Street: _____
- Latitude & Longitude: _____

____ 1.2 IC Information:

- Name: _____
- Agency: _____
- Radio Net: _____
- Radio Call Sign: _____
- Cell Phone Number: _____

____ 1.3 Incident Command Post (ICP) Location

- Street Address: _____
- Cross Street: _____
- Latitude & Longitude: _____

____ 1.4 Multi Casualty Incident Declared: **Yes**____ **No**____

MEDICAL and HEALTH SITUATION REPORT (SITREP)

ver. 2.7c 28JUN2011

PEN & PAPER VERSION

ITEMS A - P ARE MINIMUMLY REQUIRED ON ALL REPORTS.

A. Report Type		B. Report Status		C. Report Creation Date/Time	
<input type="checkbox"/> INITIAL	<input type="checkbox"/> UPDATE #	<input type="checkbox"/> 1. Advisory: No Action Required		1. Report Date:	2. Report Time:
	<input type="checkbox"/> FINAL	<input type="checkbox"/> 2. Alert: Action Required see "Critical Issues"			

D. Incident / Event Information			E. User Information		
1. Mutual Aid Region:	2. Jurisdiction (OA):	3. Abrv:	1. Report Creator:		
4. Incident / Event Name:	5. Incident Date:	6. Incident Time:	2. Position:		
7. Incident Location / Address:	8. Incident City:		2a. Agency:		
9. Incident Type:	10. Estimated Population Affected:		3. Phone: ()		
11. Public Health and Medical Incident Level:			4. Cell, Pager, Alt Phone: ()		
<input type="checkbox"/> Level I - Op Area <input type="checkbox"/> Level II - Region <input type="checkbox"/> Level III - State <input type="checkbox"/> Unknown			5. Email:		

F. Current Condition of Public Health and Medical System:		
<input type="checkbox"/> GREEN – Normal Operations: (Update: Situation Resolved)	<input type="checkbox"/> ORANGE – Assistance from Within the jurisdiction/OA Required	<input type="checkbox"/> BLACK – SIGNIFICANT Assistance required from outside the jurisdiction/OA
<input type="checkbox"/> YELLOW – Under Control: NO Assistance Required	<input type="checkbox"/> RED – SOME Assistance required from outside the jurisdiction/OA	<input type="checkbox"/> GREY - Unknown

G. Prognosis:	<input type="checkbox"/> NO CHANGE	<input type="checkbox"/> IMPROVING	<input type="checkbox"/> WORSENING
----------------------	------------------------------------	------------------------------------	------------------------------------

PEN & PAPER VERSION SECTION 1 (Continued)

H. Current Situation: (Provide detailed Situational Awareness Information)

I. Current Priorities: ("NONE" or "Nothing to Report" is acceptable.)

J. Critical Issues or Actions Taken: ("NONE" or "Nothing to Report" is acceptable.)

PEN & PAPER VERSION SECTION 2
ITEMS A – P ARE MINIMALLY REQUIRED ON ALL REPORTS

K. Activities:

1. EMS/LHD DOC Active 2. OA EOC Active

3. OTHER: (Explain in Current Situation – Page 1) 4. OA EOC MH Branch Active

L. Proclamations/Declarations:

1. Local Emergency 2. State 3. Other (List in Box G Below)

4. PH Emergency 5. Federal

6. PH Hazard 7. Unknown

M. OA MH Primary Point of Contact NAME:

O. MH POC Telephone:

P. MH POC Email:

N. Health Advisories/Orders Issued:

1. Air Unhealthful 2. Heat

3. Boil Water 4. Cold

5. Food Hazard 6. Beach Closure

7. Disease Outbreak 8. Vector

9. School Dis/Closures 10. Radiation

11. Quarantine/Isolation 12. Other (List in Box G. Below)

Q. Hazard Specific Activities:

R. Summary of Impact:		
1. Est. Population Affected (OA OEM Source):	#	<input type="checkbox"/> No Report/Assessment
2. Fatalities (County Coroner Source):	#	<input type="checkbox"/> No Report/Assessment
3. Injured – Immediate:	#	<input type="checkbox"/> No Report/Assessment
4. Injured – Delay:	#	<input type="checkbox"/> No Report/Assessment
5. Injured – Minor:	#	<input type="checkbox"/> No Report/Assessment

S. Evacuations:

<input type="checkbox"/> 1. Voluntary	#
<input type="checkbox"/> 2. Mandatory	#
3. Total:	#

PEN & PAPER VERSION SECTION 2 (Continued)

T. Medical and Health Coordination System Function Specific Status						<i>(If other than green, provide brief comment)</i>
<i>Check box only if necessary</i>						
1. Animal Care	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
2. Health HazMat	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
3. Out-Patient Clinics	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
4. In-Patient Healthcare Facilities	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
5. Drinking Water	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
6. Home Health Care	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
7. EPI / Disease Control	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
8. Homebound With Medical Needs	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
9. Locally based State/Federal Functions	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
10. LEMSA Program Services	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
11. Food Safety	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
12. Liquid Waste / Sewer Systems	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
13. Medical Waste	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
14. Radiation Health	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
15. Mental Health	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
16. Solid Waste Disposal	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
17. Public Health Lab	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
18. Vector Control	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
19. Medical Transport System	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
20. Shellfish	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	

Additional Notes:

PEN & PAPER VERSION SECTION 3

U. Overall Healthcare FACILITIES Status	<input type="checkbox"/> Green – Normal Operations: Situation Resolved	<input type="checkbox"/> Yellow – Under control: NO Assistance Required	<input type="checkbox"/> Orange- Assistance from Within the Facility Required	<input type="checkbox"/> Red –SOME Assistance from Outside Facility Required	<input type="checkbox"/> Black -SIGNIFICANT Assistance from Outside Facility Required

1. Total General Acute Care Hospitals:	#	5. Acute Care Hospital Comments: <input type="checkbox"/> No Report/Assessment
1. GACH – Fully Functional	#	
2. GACH – Not Functional	#	
3. GACH – Partially Functional	#	
4. GACH – Not Reporting	#	

2. Total SNFs / LTCFs:	#	<input type="checkbox"/> No Report/Assessment
1. SNF – Fully Functional	#	
2. SNF – Not Functional	#	
3. SNF – Partially Functional	#	
4. SNF – Not Reporting	#	

3. Total ICF – DD Intermed Care Facil:	#	<input type="checkbox"/> No Report/Assessment
1. IFC – Fully Functional	#	
2. IFC – Not Functional	#	
3. IFC – Partially Functional	#	
4. IFC – Not Reporting	#	

4. Total Acute Psych Hospitals:	#	<input type="checkbox"/> No Report/Assessment
1. APH – Fully Functional	#	
2. APH – Not Functional	#	
3. APH – Partially Functional	#	
4. APH – Not Reporting	#	

5. Total State Hospitals (Corr, DD, MH):	#	<input type="checkbox"/> No Report/Assessment
1. StH – Fully Functional	#	
2. StH – Not Functional	#	
3. StH – Partially Functional	#	
4. StH – Not Reporting	#	

PEN & PAPER VERSION SECTION 3 (Continued)

6. Total CLF Congregate Care Health Fac: 1. CLF – Fully Functional 2. CLF – Not Functional 3. CLF – Partially Functional 4. CLF – Not Reporting	#	<input type="checkbox"/> No Report/Assessment
	#	
	#	
	#	
	#	

7. Total Dialysis Centers: 1. Dial – Fully Functional 2. Dial – Not Functional 3. Dial – Partially Functional 4. Dial – Not Reporting	#	<input type="checkbox"/> No Report/Assessment
	#	
	#	
	#	
	#	

PEN & PAPER VERSION SECTION 4

V. General Infrastructure Damage as it relates to the Public Health & Medical System						
(If other than green, provide brief comment)						
1. Roads	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
2. Medical Health Communications	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
3. Communications	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
4. Power	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	

W. Care and Shelter				
1. Medical Mission at Shelter				
2. Number Opened:	#	3. Population Served:	#	
4. Medical Support of Shelter	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				
5. Mobile Field Hospital	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				
6. Gov Auth. Alternate Care Sites	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				
7. Specialty Center	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				
8. Field Treatment Sites	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				

PEN & PAPER VERSION SECTION 4 (Continued)

9. Cooling Centers	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				
10. Local Disaster Warehouse	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				
11. PODS	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				
12. Public Health Response Team	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				
13. Warming Centers	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				
14. Other (List)	<input type="checkbox"/> Open	<input type="checkbox"/> None	<input type="checkbox"/> Planned	<input type="checkbox"/> Assessing – no report
Comments:				

X. Medical Transportation			
1. Ambulance Units Available	#	2. Ambulances Committed	#
3. AST's Available (5:1)	#	4. AST's Committed	#
5. DMSU's Available	#	6. DMSU's Committed	#
7. Additional Medical Transportation Issues			

ATTACHMENT 3: EOM SIT REP FORM INSTRUCTIONS

COMPETED BY PERSON FILING THE REPORT (SECTIONS A THROUGH P ARE REQUIRED ON ALL REPORTS; SECTIONS Q THROUGH Y ARE OPTIONAL)

REPORT SECTION 1

A. Report type:

- A.1 Initial is first report for this event
- A.2 Update # is an update of a previously filed report and should be sequentially numbered for ease of reference

Numbering schema: 20yy-SLO OA-event name-# (sequential)

Copies of filed reports should be kept in chronological order and the sequential number logged on the Sit Rep log (at end of this section)

- A.3 Final is the closeout report and concludes reporting on this event.

B. Report Status

- B.1 Advisory: filed to update the situation but requires no action on part of RDMHC Program
- B.2 ALERT: requires action on part of RDMHC Program or mutual aid system

C. Report Creation Date/Time: (use date format mm / dd / yyyy and 24 hour time clock.)

D. Incident/Event Information

- D.1 Mutual aid region: Region 1
- D.2 Jurisdiction (OA): San Luis Obispo OA
- D.3 Abbreviated. : SLO OA
- D.4 Incident/Event Name: enter name that will be used to ID the Event (San Simeon EQ, Oceano floods, Parkhill wildfire, etc.). Include "Order or Incident" # if assigned.
- D.5 Incident Date: Start date of incident/event (mm / dd / yyyy)
- D.6 Incident time: Start time of incident/event: use 24 hour time
- D.7 Incident Location/Address: Use street address (if applicable or geographic landmark if no address – consider use of latitude / longitude as appropriate).
- D.8 Incident City: community incident/event address above is located or centered in
- D.9 Incident Type: enter general nature of event (e.g. earthquake, floods, etc.)
- D.10 Estimated population affected: Includes those directly and indirectly affected, including tourists
- D.11 Public Health and Medical Incident level (I-III): check box for appropriate level (See EOM for guidance)

E. User Information

- E.1 Report Creator: Enter your name
- E.2 Position: Incident/Event position (i.e. MHOAC or Medical Branch Director)
 - E.2.a Agency: Home agency
- E.3 Phone: contact phone number for the MHOAC / CHADOC / EOC position you are filling and personal contact phone number; INCLUDE AREA CODE

- E.4 Cell Phone, Alt #: cellphone or 24 hour contact number for outside contact if you are not currently active in the MHOAC / CHADOC / EOC position
- E.5 Email: email address of MHOAC / CHADOC / EOC position (do not use your own email so that messages can be accessed when you are off shift or re-assigned)

F. Current Condition of Public Health and Medical System:

- F.1 Indicate status of the overall SLO OA Health and Medical system using EOM Color coding system.

PUBLIC HEALTH AND MEDICAL SYSTEM STATUS	
Color	Condition
Green	The Public Health and Medical System is in usual day-to-day status. Situation resolved; no assistance is required.
Yellow	The Public Health and Medical System is managing the incident using local resources or existing agreements. No assistance is required.
Orange	The Public Health and Medical System requires assistance from within the local jurisdiction/Operational Area.
Red	The Public Health and Medical System requires assistance from outside the local jurisdiction/Operational Area.
Black	The Public Health and Medical System requires significant assistance from outside the local jurisdiction/Operational Area.
Grey	Unknown.

G. Prognosis: Indicate your projection of the SLO OA system condition

H. Current Situation: Provide detailed information that communicates the status of the event and the SLOOA medical and health system status. Use verifiable facts only (e.g. do not estimate numbers of fatalities, use only coroner confirmed deaths). Provide important information that clearly communicates the current and projected incident/event conditions, impacts to the health and medical system capability/status. Be succinct but complete.

I. Current Priorities: Provide information regarding most critical or essential medical and health system tasks to be completed to mitigate the incident/event.

J. Critical actions taken: Provide information about current or completed actions the medical and health system is undertaking.

- EMS Field Responders
- EMS Transport Agencies
- Acute Care Hospitals
- Community clinics
- Skilled nursing Facilities (SNF)

Urgent Care Centers
Dialysis Centers
Outpatient Surgery Centers
Behaviorial Health
Environmental Health
Public Health (including laboratory and communicable diseases)
Public Health Nursing
Home Health Agencies
Intermediate Care Facilities (ICF)
Developmentally Delayed Facilities (DD)
Residential Care For Elderly Facilities (RCFE)

REPORT SECTION 2

K. Activities:

K.1 EMS/LHD DOC Active: mark this box if CHADOC is activated

K.2 OA EOC Active: mark this box if SLO OA OC Is activated

K.3 OTHER: mark if any city EOC's are activated or an incident base or field facilities are established
(provide explanation in H. Current Situation).

K.4 OA EOC MH Branch Active: mark if the Medical Branch Director position at SLOOA EOC is staffed

L. Proclamations/Declarations: mark if governing authority has made an "official" proclamation of each. List them in BLOCK J, ABOVE, not Block G Below

1. Local emergency; 2. State; 3. Other; 4. PH Emergency; 5. Federal; 6. PH Hazard; 7. Unknown

M. OA MH Primary Point of Contact name: Current MHOAC's name

N. Health Advisories/Orders Issued: mark each box that applies when an official advisory or declaration has been made. . List them in BLOCK J, ABOVE, not Block G Below

O. MH POC Telephone: 24 hour telephone number for current MHOAC

P. MH POC Email: email address for MHOAC position (usually not a personal email address)

Items Q through Y are optional and included only if verifiable information is available that has an impact on the health and medical system capability

Q. Hazard Specific Activities: Provide any appropriate information related to specific hazards being addressed in the incident/event (see EOM section on Function Specific Topics)

R. Summary of Impact: provide verifiable tally of each category, do not estimate

S. Evacuations: mark box when evacuations by category are ordered and how many people are affected by each category.

- T. Medical and Health System Function Specific Status:** use EOM color coding system to categorize the current status of each function

REPORT SECTION 3

- U. Overall Healthcare FACILITIES Status:** use EOM color coding system regarding the overall condition of medical and health facilities on the SLO OA.
U1 – 7: identify the number of facilities or stockpiles that are in each category

REPORT SECTION 4

- V. General Infrastructure Damage as it relates to Public Health & Medical System:** self-explanatory.
- W. Care and Shelter:** complete information by the 24 categories of facilities listed.
- X. Medical Transportation:** provide information by category expressed as “X” of “X” (i.e. 8 of 12)

REPORT SECTION 5

- Y. General and/or Additional Information:** provide any additional information that will assist the reader in understanding the current situation related to Public Health and Medical system in the SLOOA

TRANSMIT SIT REP IN ACCORDANCE WITH CHECKLIST 1, SECTION 2.6

ATTACHMENT 4: SLO OA MEDICAL AND HEALTH RESOURCE REQUEST FORM

This form is to be utilized by local medical and health partners and providers to request mutual aid or other assistance through the SLO OA MHOAC. It includes a brief description of the situation and a summary of the mission / tasks the requested resources will be performing. The description and summary will assist the MHOAC in obtaining the proper resources.

The MHOAC is responsible for scarce resource prioritization and allocation for medical and health resources within the OA, including medical volunteers. The MHOAC may use the following criteria to prioritize and allocate scarce resources:

- Life threatening situations
- Threat to property
- Environmental impact
- High damage potential
- Incident complexity
- Economic impact
- Access and Functional Needs (AFN) impact
- Political impact

The MHOAC should use the following 10 principals to guide scarce resource allocation decisions:

- Maintain transparency (e.g., openness and public accessibility) in the decision-making process at the state and local levels.
- Conduct public health education and outreach (to the extent possible) to encourage, facilitate, and promote community participation or input into deliberation about allocation decisions.
- Balance individual and communal needs to maximize the public health benefits to the populations being served while respecting individual rights (to the extent possible), including providing mitigation for such infringements (e.g., provide fair compensation for volunteers who are injured while rendering emergency care or services for the benefit of the community).
- Consider the public health needs of individuals or groups without regard for their human condition (e.g., race/ethnicity, nationality, religious beliefs, sexual orientation, residency status, or ability to pay).
- Adhere to and communicate applicable standard-of-care guidelines (e.g., triage procedures), absent an express directive by a governmental authority that suggests adherence to differing standards.
- Identify public health priorities based on modern, scientifically sound evidence that supports the provision of resources to identified people.
- Implement initiatives in a prioritized, coordinated fashion that are well-targeted to accomplishing essential public health services and core public health functions

- Assess (to the extent possible) the public health outcomes following a specific allocation decision, acknowledging that the process is iterative.
- Ensure accountability (e.g., documentation) pertaining to the specific duties and liabilities of people in the execution of the allocation decision.
- Share personally identifiable health information—with the patients' consent where possible—solely to promote the health or safety of patients and other people.

The MHOAC should consider the following elements when coordinating resource requests:

- Requesting
- Ordering
- Sending
- Receiving
- Utilizing
- Releasing / Demobilization

In addition to the form, the relevant detail sheets from the EOM will provide information specific to personnel, supplies and equipment, and other items.

PROCESS FOR REQUESTING MEDICAL AND HEALTH RESOURCES FROM WITHIN THE SLO OA

The requesting agency contacts the MHOAC through the PHD EMS Division Duty Line (805 – 380 – 3411) or, if activated, CHADOC or Medical Health Branch Director at County EOC. (If necessary, the MHOAC may request activation of the EOC or CHADOC to assist in the coordination of medical and health resources.)

The requesting agency completes the SLO Co OA MHOAC Local Medical / Health Request Form and provides it to the MHOAC. ***Requestor must accept financial responsibility for costs if not covered through other agreement. See Financial Agreement in Field/Local to SLO Op Area MHOAC Resource Request Form.*** Additional information can be provided on the detail sheets related to personnel, supplies and equipment, and other items.

The MHOAC will validate the Resource Request by ensuring that the requesting agency has determined that the requested resource has been exhausted or exhaustion is imminent and all other resource options have been exhausted, such as:

- Internal / corporate supply chain
- Mutual assistance agreements that the requesting agency has with other agencies
- The resource need is immediate and / or significant
- Alternative resources are not available
- The resource is not available through the commercial supply chain / vendors

The MHOAC assigns SLO County MHOAC sequential tracking number to the request (uses Requestor's tracking number as a reference).

- Using ReddiNet or other appropriate communication devices, the MHOAC shall notify appropriate SLO OA medical and health providers what resources are being requested to determine if requested item(s) are available within SLO OA.
- **If the requested resources are available from within the SLO OA**, the MHOAC prioritizes the deployment and communicates that information to the requesting and filling organizations. MHOAC includes copies of the request with fill and financial agreements (if necessary).
- **If the requested resources are not available within the SLO OA**, the MHOAC contacts the Region 1 RDMHC Program and requests the needed resources utilizing the EOM Resource Request form included in the CA Public Health and Medical Emergency Operations Manual (EOM). A current Situation Status Report must be on file with RDHMC or accompany the request; (available from EOM or CAHAN website).

Simultaneously, MHOAC forwards a copy of the EOM request form to SLO County OES for entry into CAL OES WEB EOC for assignment of CA OES Mission Number. *RDMHC Program cannot fill request until CA OES issues a mission number.*

The MHOAC will track Resource Requests using the enclosed Request Log Form

8. Service / Support Supplier (wrap around Services)

Place an 'X' in the box or write in the name of who is responsible for supplying logistical support.

	FUEL	MEALS	WATER	MAINTENANCE	LODGING	MISC
REQUESTOR						
SUPPLIER						
OTHER (Identify)						

9. Verification of Financial Responsibility

Resources requested through MHOAC do not relieve the requestor of the financial responsibility for the cost of the resources requested. The following certification must be completed by the authorized representative of requesting organization.

1. I certify that the recourses requested are currently not available and our organization has exhausted all appropriate procurement means. I understand that my organization is responsible for all costs related to filling this request, including the costs of shipping, handling, and replacement of requested resources.

2. Organization: _____ 3. Day: _____ Date: _____ Time: _____
24hr hh:mm

4. Name _____ 5. Title: _____

6. Signature: _____

7. Financial Section Contact Information

Name: _____ Phone Number: _____

Fax Number: _____ Email: _____

10. Deliver Resources to:

1. Reporting Location: Staging Check in Other:
2. Site Name:
3. Site Contact:
4. Phone/Radio:
5. Site Address:
6. City:
7. County:
8. Intersection 1:
9. Intersection 2:
10. Map Reference:
11. Latitude/Longitude:
-

11. Special Instructions:

Enter any special instructions for the delivery of the resource, e.g. travel route, weather conditions, safety instructions, etc.

Travel Route, Weather, Safety, Ingress/Egress, Duration, Other:

Blocks 12 -14 to be filled out by MHOAC

12. To be Completed by MHOAC

1. Priority: Emergent Urgent Sustainment

2. MHOAC Approval

a. This request meets the criteria for submission based upon EOM guidelines

b. Based on the nature of the emergency and resources available at the time, I approve this request as prudent and reasonable.

Approved by:

Signature: _____

Date:

Time:

24 hr hh:mm

13. Disposition of Request (To be Completed by MHOAC)

Date:

Time:
24hr hh:mm

Filled from within the SLO OA Organization:

Vendor Order Vendor: Order no.:

CHADOC Logistics Accepted by:

EOC Logistics Accepted by:

SLO OES Accepted by:

Entered into CA OES Web EOC CA OES Mission #:

Forward to RDHMC Accepted By: Date: Time:

24hr hh:mm

Copy of this page returned to requestor By: Date: Time:

24hr hh:mm

14. Request Fill Information (to be completed by MHOAC)

Item Number:	Organization:	Contact Person:	Phone #:	Contact Email:

MEDICAL/HEALTH RESOURCE REQUEST FORM INSTRUCTIONS

BLOCK 1 – MHOAC ORDER NUMBER

- Use the format of **XSL – YYYY – MM – XXXX** where XXXX is the sequential request during a calendar year. (**XSL** is the FIRESCOPE 3 letter identifier for San Luis Obispo County)

BLOCK 2 - FORM COMPLETED BY (May be completed by Requestor, CHADOC or MHOAC)

1. Enter the day, date and time the form is being completed.
 - Write the day of the week in the Day box and write the date (MM/DD/YYYY) and time (24 Hour) in the Date/Time box.
2. Enter the name of the agency completing the form.
3. Enter the name of the individual completing the form.
4. Enter the phone number, including area code of the individual completing the form.
5. Enter the fax number, including area code of the individual completing the form.
6. Enter the email address of the individual completing the form.

BLOCK 3 - REQUEST INFORMATION

1. Enter the day, date and time of when the request was made.
 - Write the day of the week in the Day box and write the date (MM/DD/YYYY) and time (24 Hour) in the Date/Time box.
2. Enter the name of the Operational Area or County.
3. Place an X in the correct priority.
4. Enter the name of the specific incident for which resources are being requested, ie: the name assigned by the Agency Dispatch or Incident Commander
5. Enter the number assigned to the incident by the local agency or the Operational Area
6. Enter the supplemental number if any; this is typically assigned by the requesting agency to track specific requests; it may also be a CAL OES Mission Number
7. Enter the name of the overall disaster, if any. (ex: San Simeon Earthquake)

BLOCK 4 - REQUESTOR INFORMATION

NOTE Consider 24 hour points of contact vs a specific individual, if 24 hour contacts are available.

1. Enter the name of the requesting agency.
2. Enter the contact person for the requesting agency.
3. Enter the position of the contact person for the requesting agency.
4. Enter the email address of the contact person for the requesting agency.
5. Enter the phone number, including area code for the contact person for the requesting agency and select what type of phone number it is, i.e. cell or landline
6. Enter the fax number including area code for the contact person for the requesting agency

San Luis Obispo County Medical /Health Resource Request Form

7. If available, enter an alternate phone number for the contact person for the requesting agency and select what type of phone number it is, i.e. cell or landline
8. Insert the REQUESTOR's order number for this request.

BLOCK 5– DESCRIBE CURRENT SITUATION

- Provide a brief narrative or bulleted description of the events or circumstances that necessitate the ordering of the requested resources. Be convincing, consider using the HICS 251 Form or the Flash Report in this SOP.

BLOCK 6 – DESCRIBE MISSION / TASKS

- Provide a brief describe of the overall mission and / or the specific tasks to be performed. Do not specify a specific resource to accomplish the task.

BLOCK 7 – RESOURCE REQUEST – NOTE

- Provide additional sheets as necessary and attach to this form.
1. Request Number – a sequential request within this form assigned by requesting agency
 2. Resource Type and Kind (ex: nurse, emergency room; van, passenger, 10 person)
 3. Quantity requested (ex: 10 each)
 4. Duration Needed (ex: 10 hours or 3 days)
 5. Desired Arrival (allow adequate travel and rest time)
 6. Comments (provide further clarification as needed)

BLOCK 8 - SERVICE/SUPPORT SUPPLIER

These are services needed to support both personnel and equipment that respond to an incident, especially resources that are coming from outside of San Luis Obispo County.

1. Place an 'X' in the box or write in the name of who is responsible for supplying logistical support.
 - Requestor = Agency Requesting Resource(s)
 - Supplier = Agency Supplying Resource(s)
 - Other = Third Party

BLOCK 9 – VERIFICATION OF FINANCIAL RESPONSIBILITY

1. Certification acknowledges financial responsibility and verification that requestor organization has exhausted all other reasonable sources of supply
2. Requesting organization name
3. Day, Date, Time of certification
4. Signers name – of the organizations individual authorized to commit resources
5. Signers title
6. Signature
7. Contact name and information for Finance Section Chief

BLOCK 10 -DELIVER RESOURCES TO

1. Check the location to which resources are to report, or enter other location type in “other” box.
2. Enter the specific name of the reporting location to which resources are to report, e.g. Holiday Inn, County Fairgrounds, 7-11 Parking Lot, etc.
3. Name of individual or position to which resources are to report.
4. Enter the phone number or radio frequency of individual or position to which resources are to report.
5. Enter the address of the reporting location to which resources are to report.
6. Enter the city of the reporting location to which resources are to report.
7. Enter the county of the reporting location to which resources are to report.
8. Enter the nearest intersection to the reporting location.
9. Enter the nearest intersection to the reporting location.
10. Enter a map reference for the reporting location.
11. Enter the latitude and longitude of the reporting location.

BLOCK 11 - SPECIAL INSTRUCTIONS

1. Enter any special instructions for the delivery of the resource, e.g. travel route, weather conditions, safety instructions, etc.

BLOCK 12 – TO BE COMPLETED BY MHOAC – ENSURE BLOCK 1 IS COMPLETED

1. Determine priority based on requestor submitted order sheets and the following criteria
 - Emergency – needed in less than 12 hours
 - Urgent – needed beyond 12 hours
 - Sustainment – long term need
2. MHOAC Approval – verification that the request meets EOM guidance
 - Approved By – name of approver
 - Sign – signature of approver
 - Date / Time – of approval

BLOCK 13 – DISPOSITION OF REQUEST

- This block shows how the MHOAC handled / filled the request.

*****IF UNABLE TO FILL the request in the SLO OA, the MHOAC must complete a CDPH EOM Resource Order (and Situation Report), attaching Order Sheets as needed, and forward to the RDMHC Program.*****

- Filled from within the SLO OA – indicate which local organization or agency accepted the request
- Vendor Order – indicate the name of the private vendor filling the order, and the vendor’s order number
- CHADOC Logistics – indicate who at CHADOC accepted the request
- EOC Logistics – indicate who at the SLO OA EOC accepted the request
- SLO OES – indicate who at SLO Co OES accepted the request and entered the request into CA OES WEB EOC; obtain the CA OES Mission Number from SLO Co OES
- RDMHC Program – indicate who at the RDMHC Program accepted the request
- Once disposition of request is determined, send a copy of this page to requester and complete the rest of the form.

BLOCK 14 – REQUEST FILL INFORMATION

- Item Number – see Block 7, Number 1
- Organization - Enter the agency to which the request will be forwarded to for fulfillment.
- Contact Person - Enter the name of the contact person at the Organization
- Phone Number – for the contact person; include Area Code
- Email - for the contact person

ATTACHMENT 5: EOM MEDICAL AND HEALTH RESOURCE REQUEST

This form is to be utilized by the MHOAC to coordinate requests from local agencies that cannot be filled locally and must be passed to the RDMHC Program, as well as receiving requests from the RDMHC Program for SLO OA resources. It includes a brief description of the situation and a summary of the mission / tasks the requested resources will be performing, which will assist in obtaining the proper resources.

https://www.cdph.ca.gov/Programs/EPO/Pages/Resource_Publications.aspx

The MHOAC is responsible for scarce resource prioritization and allocation for medical and health resources within the OA, including medical volunteers.

The MHOAC may use the following criteria to prioritize and allocate scarce resources:

- Life threatening situations
- Threat to property
- Environmental impact
- High damage potential
- Incident complexity
- Economic impact
- Access and Functional Needs (AFN) impact
- Political impact

The MHOAC should consider the following elements when coordinating resource requests:

- Requesting
- Ordering
- Sending
- Receiving
- Utilizing
- Releasing / Demobilization

In addition to the form, the relevant detail sheets from the EOM will provide information specific to personnel, supplies and equipment, and other items.

The following is the process for responding to requests for medical and health resources from OUTSIDE the OA

1. The RDMHC Program contacts the MHOAC directly through the PHD EMS Division Duty Line (805 – 380 – 3411). The RDMHC Program provides the EOM Resource Request Form to the MHOAC along with the CAL OES Mission Number.
2. The MHOAC contacts OA medical and health providers using ReddiNet or other appropriate communication devices to determine if the needed resources are available.

3. The MHOAC coordinates with MEDCOM and the County Fire Emergency Command Center (ECC) regarding their respective resources.
4. The MHOAC evaluates offered resources and ensures that the release of OA resources will not unduly diminish the capabilities of the OA medical and health response system.
5. The MHOAC may then authorize the release of OA medical and health resources. OA medical and health providers may not respond, provide resources, or “self-dispatch” to an event outside of the OA without the authorization and coordination of the MHOAC.
6. The MHOAC notifies the RDMHC Program of:
 - a. The resources being supplied
 - b. Requests further response instructions and contact information
 - c. Requests confirmation of CAL OES issued Mission Number
7. The MOHAC notifies the responders of updated information from Step 6 above.
8. The MHOAC will continue to coordinate requests in accordance with Checklist 3, Section 2.9
9. The MHOAC will obtain periodic updates from the RDMHC Program on the status of SLO County OA resources.

Requestor must accept financial responsibility for costs if not covered through other agreement. See Financial Agreement in Field/Local to SLO Op Area MHOAC Resource Request Form (Attachment 4)

Additional information can be provided on the detail sheets related to personnel, supplies and equipment, and other items.

The MHOAC will validate the Resource Request by ensuring that the requesting agency has determined that the requested resource has been exhausted or exhaustion is imminent and all other resource options have been exhausted, such as:

- Internal / corporate supply chain
- Mutual assistance agreements that the requesting agency has with other agencies
- The resource need is immediate and / or significant
- Alternative resources are no available
- The resource is not available through the commercial supply chain / vendors

The MHOAC assigns SLO County MHOAC sequential tracking number to the request (uses Requestor’s tracking number as a reference).

The MHOAC will track Resource Requests using the enclosed Request Log Form

The following is the process for responding to requests for medical and health resources from INSIDE the OA that must be passed to the RDMHC Program:

1. The MHOAC receives the request using Attachment 4 and verifies that it cannot be filled within the OA.
2. The MHOAC prepares a Sit Rep, Attachment 2

3. The MHOAC completes the form in this Attachment
4. The MHOAC passes the request to the RDMHC Program
5. The MHOAC will continue to coordinate requests in accordance with Checklist 3, Section 2.9.

Requestor must accept financial responsibility for costs if not covered through other agreement. See Financial Agreement in Field/Local to SLO Op Area MHOAC Resource Request Form (Attachment 4)

Additional information can be provided on the detail sheets related to personnel, supplies and equipment, and other items.

The MHOAC will validate the Resource Request by ensuring that the requesting agency has determined that the requested resource has been exhausted or exhaustion is imminent and all other resource options have been exhausted, such as:

- Internal / corporate supply chain
- Mutual assistance agreements that the requesting agency has with other agencies
- The resource need is immediate and / or significant
- Alternative resources are not available
- The resource is not available through the commercial supply chain / vendors

The MHOAC assigns SLO County MHOAC sequential tracking number to the request (uses Requestor's tracking number as a reference).

The MHOAC will track Resource Requests using the enclosed Request Log Form

Resource Request: Medical and Health Op Area (MHOAC) to Region/State

RR MH (5/2011)

R E Q U E S T O R	1. Incident Name:		2a. DATE:	2b. TIME:
	3. Requestor Name, Agency, Position, Phone / Email:		2c. Requestor Tracking #: (Assigned by Requesting Entity)	
	MISSION / TASK DESCRIPTION			
C O M P L E T E	5. ORDER SHEETS - USE ATTACHED	<input type="checkbox"/> SUPPLIES/EQUIPMENT	<input type="checkbox"/> PERSONNEL	<input type="checkbox"/> OTHER:
	7. Requesting entity must confirm that the verification questions in the PH&M EOM have been reviewed and answered.			
	<input type="checkbox"/> This request meet the criteria for submission based upon EOM guidelines. <input type="checkbox"/> The creation of this request was in consultation with the RDMHC program			
M H O A C	8. MHOAC / EOC Review: (NAME, POSITION, AND SIGNATURE) [SIGNING INDICATES: 1) THE NEED HAS BEEN VERIFIED; 2) RESOURCES ARE NOT AVAILABLE AT THIS LEVEL; 3) THE REQUEST IS COMPLETE]		9. Describing the actions taken on this request so far.	
	NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).		12. Resource Tracking:	
L O G I S T I C S	10. Additional Order Fulfillment Information:	11. Likely Supplier Name/Phone/Email:	<input type="checkbox"/> Entered into Resource Tracking System (Plans) <input type="checkbox"/> Demob Expected: <input type="checkbox"/> Demob Completed (if known):	
	13. Notes:		14. ORDER FILLED AT (check box)	
			<input type="checkbox"/> Operational Area: <input type="checkbox"/> OA within Mutual Aid Region: <input type="checkbox"/> Outside of Region:	
F I N A N C E	15. Reply / Comments from Finance:		16. Finance Section Signature & Date/Time: (Name, Position & Verification)	

ORDER SHEET

5. ORDER GENERAL: SUPPLY/EQUIPMENT REQUEST DETAILS						17. Logistics Section: Fulfillment <small>NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).</small>						
Item #	Priority ³	Detailed Specific Item Description: Vital characteristics, brand, specs, diagrams, and other info <small>(Type of Equipment, name, capabilities, output, capacity, Type of Supplies, name, size, capacity, etc.)</small>	Product Class <small>(Eq, Box, Cs, Pack)</small>	Items per Product Class	Quantity ² Requested	Expected Duration of Use:	Quantity			Tracking #	ETA <small>(Date & Time)</small>	COST
							Approved	Filled	Back-Ordered			
6. Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):						7. Deliver to/Report to POC (Name, Title, Location, Tele#, Email, Radio, etc.)						

² QUANTITY: Number of individual pieces of equipment or boxes, cases, or packages of supplies needed .
³ PRIORITY: (E)mergent <12 hour (RIMS: FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)

ORDER SHEET

5. ORDER <i>OTHER</i>					17. Logistics Section: Fulfillment <small>NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).</small>						
Item #	Priority ³	Detailed Specific Description <small>(Facility: Type, Tent, Trailer Size etc.) (Mobile Resources: Alternate Care Supply Cache, Mobile Field Hospital, Ambulance Strike Team)</small>	Product <small>(Ea. Cache, Team)</small>	Quantity ² Requested	Expected Duration of Use:	Quantity			Tracking #	ETA <small>(Date & Time)</small>	COST
						Approved	Filled	Back-Ordered			
6. Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):						7. Deliver to/Report to POC (Name, Title, Location, Tele#, Email, Radio, etc.)					

² QUANTITY: Number of individual items, caches, strike teams, or resources needed.
³ PRIORITY: (E)mergent <12 hour (RIMS: FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainability (RIMS: LOW)

EOM RESOURCE REQUEST INSTRUCTIONS

COMPETED BY MHOAC STAFF TAKING REQUEST

- 1 Incident Name and Incident Number assigned by jurisdiction (If assigned)**
- 2 Date and time**
 - 2a: Date of request (mm/dd/yyyy)
 - 2b: Time of request (24 hour time i.e. 7 p.m. = 1900 hours)
 - 2c: Requestor tracking #: unique number assigned by **requesting organization** to allow for tracking of *this specific request* (Purchase Order #, requisition number, etc.). MHOAC assigns additional tracking #.
- 3 Requestor Information.**
 - 3.1 Enter the contact person for the requesting agency.
 - 3.2 Enter the position of the contact person for the requesting agency.
 - 3.3 Enter the email address of the contact person for the requesting agency.
 - 3.4 Enter the phone number for the contact person for the requesting agency and what type of phone number it is, i.e. cell, landline, pager. INCLUDE AREA CODE
 - 3.5 Enter the fax number for the contact person for the requesting agency.
 - 3.6 If available, enter an alternate phone number for the contact person for the requesting agency and select what type of phone number it is, i.e. cell, landline, pager.
- 4 a MISSION/TASK DESCRIPTION:** A concise description of the expected tasks or functions that this request will perform aids in determining the appropriate resources to send or acceptable substitutes if primary request is not available)
b DELIVERY INFORMATION: Site name, street address, cross street, city; latitude and longitude; recommended travel route; Point of Contact (POC) name, agency, radio net and call sign, cell phone with area code; predicted weather, safety issues, ingress / egress issues; availability of loading dock, fork lift, pallet jacks; need for delivery truck with lift gate.
- 5 ORDER SHEETS:** Use the preformatted EOM RESOURCE REQUEST ORDER SHEETS for the specific type of resource being requested (Supplies/Equipment, Personnel, or Other)
- 6 ORDER**
 - 6a. SUPPLIES/EQUIPMENT:
 - 6b. PERSONNEL
 - 6c. OTHER

Completion For "Request Details" sheets

- **Item #:** Each new item is numbered
- **Priority:** **(E)**mergent <12 hours; **(U)**rgent >12hours; or **(S)**ustainment
- **Detailed Description:** Specifically describe the requested item by using brand, size, model #, dose, form (tabs, caps, suspension), strength, quantities, etc.
- **Product Class:** how product is packaged (each, box, case, etc.)
- **Items in product class:** # in each package i.e. 100 tabs
- **Quantity Requested:** Quantity wanted based upon each, (i.e. 50 bottles) this is to simplify the ordering process. Example: Penicillin 500 mg tabs-100 tabs/bottle; 50 bottles
- **Expected duration of use:** Applies to personnel and equipment; supplies are assumed to be consumed in use

- **BOX 6 -- Suggested source, suitable substitutes, and special delivery comments:** Provide any known or potential sources of the items requested, any suitable substitutes that are acceptable. Any special instructions for delivery, location Point of Contact, etc.) Enter the specific name of the reporting location to which resources are to report, e.g. Embassy Suites, Mid-State Fairgrounds, Incident Base, Sierra Vista Hospital Parking Lot, etc.

COMPLETED BY MHOAC

- 7 **a. MHOAC** must confirm and verify that the request is in compliance with the provisions of the California Public Health & Medical Emergency Operations Manual and has been coordinated with the Regional Disaster Medical Health Coordination (RDMHC) program.
 - b. MHOAC/OA Contact Information:** Include name, phone, email, and verification of MHOAC reviewer w/ signature
8. **MHOAC/OA EOC Review:** Complete this section when request is being sent to RDMHC Program including verification that resources are not available locally.
 9. **Actions taken so far:** Describe what actions have been taken to fill request locally or through existing assistance agreements

TRANSMIT REQUEST TO REGION LEVELS

If the request cannot be filled locally the request should be forwarded to RDMHC Program and CA OES Region I REOC.

This is a THREE STEP PROCESS

1. Prepare a current Situation Report
2. Contact RDMHC Program at Los Angeles County EMSA and transmit the completed Request (email electronic version, or fax pen and paper version) and current Situation Report.
3. Contact SLO Co OES and request the request be entered into CAL OES WEB EOC for issuance of a CA OES Mission Number.
 - a. RDHMC will start process of identifying source to fill request but cannot authorize the resource be sent until a CA OES mission number is issued.

ATTACHMENT 6: CONFERENCE CALL PROTOCOL, AGENDA AND SLO COUNTY HICS 251

PROTOCOL

- 1 Establish a routine target time (s) for conference calls
- 2 Emphasize that the MHOAC is collecting medical and health situation and resource status information that will be combined into an OA situation report.
- 3 Request that medical and health partner organizations complete a HICS 251 / San Luis Obispo County and submit it to the MHOAC via e mail or fax:
 - a. E mail to:
 - b. Fax to:
- 4 Emphasize that the MHOAC is responsible for prioritization and allocation of scarce medical and health resources, including medical volunteers.

AGENDA / SCRIPT

Conference Call Phone Number () _____ Pass Code: _____
 Day: _____ Date: _____ Time: _____

This is the MHOAC Situation Report Conference Call. This Conference Call is to provide and gather medical and health situational and resource status reports on the current situation and to share MHOAC Objectives. I am _____ and I will be facilitating the conference call.

During this conference call, you are requested to keep background noise down by muting your phone unless you are speaking. Keep your reports brief and relevant, focusing on key and limiting information. We will use the HICS 251 / San Luis Obispo County as the format for our essential elements of information.

WE WILL START WITH REPORTS FROM THE COUNTY EOC AND THEN THE MHOAC ON THE COUNTYWIDE SITUATION, FOLLOWED BY REPORTS FROM THE MEDICAL AND HEALTH PARTNER ORGANIZATIONS.

SLO County OA EOC / OES (if EOC not activated):

Person on Line _____

- Current Countywide and/or Event Situation Report
- Current EOC Objectives
- Current Resource Status and Needs
- Other Information

MHOAC SITUATION REPORT:

Person On Line _____

- Current Medical and Health Situation Report
- Current MHOAC Objectives
- Current Resource Status and Needs
- Other Information

SLO County OA MEDICAL AND HEALTH PARTNERS

I will take you through a Roll Call that will be in the order you will be presenting your report. When I call upon you, please provide your name and provide the key / limiting information from your HICS 215 / San Luis Obispo County:

	Representative: _____	Person: On Line _____
Arroyo Grande Hosp.	Representative: _____	On Line _____
French Hosp.	Representative: _____	On Line _____
Sierra Vista Hosp.	Representative: _____	On Line _____
Twin Cities Hosp.	Representative: _____	On Line _____
Atas. State Hosp.	Representative: _____	On Line _____
Cal Poly Health Center	Representative: _____	On Line _____
CA Men’s Colony	Representative: _____	On Line _____
Long Term Ombudsmen	Representative: _____	On Line _____
Tri-Counties Regnl Center	Representative: _____	On Line _____
Cambria Ambulance	Representative: _____	On Line _____
San Luis Ambulance	Representative: _____	On Line _____
American Red Cross	Representative: _____	On Line _____
MedCom	Representative: _____	On Line _____
CAL FIRE ECC	Representative: _____	On Line _____

TECHNICAL SPECIALIST(s) REPORT (optional):

Notes:

Note: At the finish of the reports ask if there is anything else from the reporting participants.

Next Conference Call at Day _____ Date _____ Time _____ at phone number: _____

*****This concludes the conference call.*****

HICS 251 – FACILITY SYSTEM STATUS REPORT – SLO COUNTY VERSION rev.7

1. Incident Name	Internal External Both	2. Operational Period DATE: FROM: _____ TO: _____ mm/dd/yy mm/dd/yy TIME: FROM: _____ TO: _____ hh:mm (24 hr clock) hh:mm (24 hr clock)
3. Name of Facility / Building Reporting Status Below		
Contact Phone Number:		
4. System	5. Status	6. Comments If not fully functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.
COMMUNICATIONS		
7.1 Fax	Fully functional Partially functional Nonfunctional N/A	
7.2 Information Technology System Email, registration, patient records, time card system, ReddiNet	Fully functional Partially functional Nonfunctional N/A	
7.3 Business Services Systems Payment Processing	Fully functional Partially functional Nonfunctional N/A	
7.4 Nurse Call System	Fully functional Partially functional Nonfunctional N/A	
7.5 Overhead Paging	Fully functional Partially functional Nonfunctional N/A	
7.6 Paging System Code teams, standard paging	Fully functional Partially functional Nonfunctional N/A	
7.7 Radio Equipment Facility handheld, 2-way radios, antennas	Fully functional Partially functional Nonfunctional N/A	
7.8 Radio Equipment EMS, local health department (BROWN NET) , other external partner	Fully functional Partially functional Nonfunctional N/A	
7.9 Radio Equipment Amateur radio (HAM)	Fully functional Partially functional Nonfunctional N/A	



Purpose: Determine facility operating status
Origination: Infrastructure Branch Director
Copies to: Operations Section Chief, Business Continuity Branch Director, Planning Section Chief, Safety Officer, Liaison Officer, Materiel Tracking Manager, and Documentation Unit Leader

4. System

5. Status

6. Comments If not fully functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.

7.10 Satellite Phones	Fully functional Partially functional Nonfunctional N/A	
7.11 Telephone System Primary	Fully functional Partially functional Nonfunctional N/A	
7.12 Telephone System Proprietary	Fully functional Partially functional Nonfunctional N/A	
7.13 Telephone System Back-up Satellite Phone	Fully functional Partially functional Nonfunctional N/A	
7.14 Internet	Fully functional Partially functional Nonfunctional N/A	
7.15 Video-Television Cable	Fully functional Partially functional Nonfunctional N/A	
INFRASTRUCTURE		
7.16 Campus Access Roadways, sidewalks, bridge	Fully functional Partially functional Nonfunctional N/A	
7.17 Fire Detection System	Fully functional Partially functional Nonfunctional N/A	
7.18 Fire Suppression System	Fully functional Partially functional Nonfunctional N/A	
7.19 Food Service (Supplies, Preparation, Equipment, Refrigeration)	Fully functional Partially functional Nonfunctional N/A	
7.20 Ice Machines	Fully functional Partially functional Nonfunctional N/A	



Purpose: Determine facility operating status
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Copies to: Operations Section Chief, Business Continuity Branch Director, Planning Section Chief, Safety Officer, Liaison Officer, Materiel Tracking Manager, and Documentation Unit Leader

HICS 251 – FACILITY SYSTEM STATUS REPORT – SLO COUNTY VERSION

4. System

5. Status

6. Comments

If not fully functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.

7.21 Logistics Consumables	Have on hand Requested Need N/A	Describe specific items of concern
7.22 Logistics Durable goods / equipment	Have on hand Requested Need N/A	Describe specific items of concern
7.23 Laundry/Linen Service Equipment	Fully functional Partially functional Nonfunctional N/A	
7.24 Structural Components Building integrity	Fully functional Partially functional Nonfunctional N/A	(Note cracked walls, loose masonry, hanging light fixtures, broken windows)
7.25 Morgue status / capacity	Fully functional Partially functional Nonfunctional N/A	Indicate number of morgue spaces available _____ Indicate number of temporary morgue spaces available (if mass fatality incident): _____
PATIENT CARE		
7.26 Decontamination System Including containment	Fully functional Partially functional Nonfunctional N/A	
7.27 Digital Radiography System, Routine Diagnostics PACS, CT, MRI, other	Fully functional Partially functional Nonfunctional N/A	
7.28 Laboratory	Fully functional Partially functional Nonfunctional N/A	
7.29 Pharmacy Services Computer systems	Fully functional Partially functional Nonfunctional N/A	
7.30 Pharmacy Services Resupply of pharmaceuticals	Have on hand Requested Need N/A	Describe specific items of concern



HICS 251 – FACILITY SYSTEM STATUS REPORT – SLO COUNTY VERSION

4. System

5. Status

6. Comments If not fully functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.

7.31 Steam/Chemical Sterilizers	Fully functional Partially functional Nonfunctional N/A	
7.32 Isolation Rooms Positive/negative air	Fully functional Partially functional Nonfunctional N/A	
SECURITY		
7.33 Facility Lockdown Systems Door/key card access	Fully functional Partially functional Nonfunctional N/A	
7.34 Campus Security External panic alarms	Fully functional Partially functional Nonfunctional N/A	
7.35 Campus Security Surveillance cameras	Fully functional Partially functional Nonfunctional N/A	
7.36 Campus Security Traffic controls	Fully functional Partially functional Nonfunctional N/A	
7.37 Campus Security Lighting	Fully functional Partially functional Nonfunctional N/A	
7.38 Panic Alarms Internal and other reporting devices	Fully functional Partially functional Nonfunctional N/A	
UTILITIES		
7.39 Electrical Power Primary service	Fully functional Partially functional Nonfunctional N/A	
7.40 Electrical Power Backup generator	Fully functional Partially functional Nonfunctional N/A	



HICS 251 – FACILITY SYSTEM STATUS REPORT – SLO COUNTY VERSION

4. System

5. Status

6. Comments If not fully functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.

7.41 Fuel Storage	Fully functional Partially functional Nonfunctional N/A	Note amount on hand
7.42 Sanitation Systems	Fully functional Partially functional Nonfunctional N/A	
7.43 Potable Water	Fully functional Partially functional Nonfunctional N/A	
7.44 Natural Gas/Propane	Fully functional Partially functional Nonfunctional N/A	
7.45 Air Compressor	Fully functional Partially functional Nonfunctional N/A	
7.46 Elevators/Escalators	Fully functional Partially functional Nonfunctional N/A	
7.47 Hazardous Waste Containment System	Fully functional Partially functional Nonfunctional N/A	
7.48 Heating, Ventilation, and Air Conditioning (HVAC)	Fully functional Partially functional Nonfunctional N/A	
7.49 Oxygen	Fully functional Partially functional Nonfunctional N/A	(Note bulk supply, H cylinders, E cylinders, Reserve supply status)
7.50 Medical Gases, Other	Fully functional Partially functional Nonfunctional N/A	(Note reserve supply status)
7.51 Pneumatic Tube	Fully functional Partially functional Nonfunctional N/A	



Purpose: Determine facility operating status
Origination: Infrastructure Branch Director
Copies to: Operations Section Chief, Business Continuity Branch Director, Planning Section Chief, Safety Officer, Liaison Officer, Materiel Tracking Manager, and Documentation Unit Leader

HICS 251 – FACILITY SYSTEM STATUS REPORT – SLO COUNTY VERSION

4. System

5. Status

6. Comments If not fully functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.

7.52 Steam Boiler	Fully functional Partially functional Nonfunctional N/A	
7.53 Sump Pump	Fully functional Partially functional Nonfunctional N/A	
7.54 Well Water System	Fully functional Partially functional Nonfunctional N/A	
7.55 Vacuum (for patient use)	Fully functional Partially functional Nonfunctional N/A	
7.56 Water Heater and Circulators	Fully functional Partially functional Nonfunctional N/A	
7.57 Internal Lighting	Fully functional Partially functional Nonfunctional N/A	
7.58 External Lighting	Fully functional Partially functional Nonfunctional N/A	
7.59 External Storage Equipment	Fully functional Partially functional Nonfunctional N/A	
7.60 External Storage Vehicles	Fully functional Partially functional Nonfunctional N/A	
7.61 Parking Structures, Lots	Fully functional Partially functional Nonfunctional N/A	(Power, panic alarms, access, egress, lighting)
7.62 Landing Zone Pads, lighting, fuel source	Fully functional Partially functional Nonfunctional N/A	



Purpose: Determine facility operating status
Origination: Infrastructure Branch Director
Copies to: Operations Section Chief, Business Continuity Branch Director, Planning Section Chief, Safety Officer, Liaison Officer, Materiel Tracking Manager, and Documentation Unit Leader

HICS 251 – FACILITY SYSTEM STATUS REPORT – SLO COUNTY VERSION

5. Status

6. Comments If not fully functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.

PERSONNEL ISSUES		
7.63 Injuries/Illnesses to Staff	YES NO N/A	
7.64 Injuries to Patients	YES NO N/A	
7.65 Staff Availability		
<u>LICENSING & CERTIFICATION ISSUES</u>		
7.66 Notifications to CDPH	Completed In process To be done N/A	
7.67 Requests for program flexes RN / Patient Ratio	YES NO N/A	Describe the specific requests made to CDPH
7.68 Use of tents (also notify local FD)		
SUMMARY		
7.69 Service Suspensions		
7.70 Critical Actions Taken		
7.71 Critical Priorities / 24 Hour Projection		
7.72 Social & Political Issues		
8. Remarks		
9. Prepared by		
PRINT NAME: _____	SIGNATURE: _____	
DATE: _____ mm/dd/yy hh:mm (24 hour format)	PHONE NUMBER _____	



Purpose: Determine facility operating status
Origination: Infrastructure Branch Director
Copies to: Operations Section Chief, Business Continuity Branch Director, Planning Section Chief, Safety Officer, Liaison Officer, Materiel Tracking Manager, and Documentation Unit Leader

HICS 251 – FACILITY SYSTEM STATUS REPORT – SLO COUNTY VERSION

PURPOSE: The HICS 251-Facility System Status Report is used to record the status of various critical facility systems and infrastructure. The HICS 251 provides the Planning and Operations Sections with information about current and potential system failures or limitations that may affect incident response and recovery.

ORIGINATION: Completed by the Operations Section Infrastructure Branch Director with input from facility personnel.

COPIES TO: Delivered to the Situation Unit Leader, with copies to the Operations Section Chief, Business Continuity Branch Director, Planning Section Chief, Safety Officer, Liaison Officer, Materiel Tracking Managers, and the Documentation Unit Leader. Situation Unit Leader will share with partner organizations / agencies, including the San Luis Obispo County Medical Health Operational Area Coordinator (MHOAC)

NOTES: The Infrastructure Branch conducts the survey and correlates results. Individual department managers may also be tasked to complete an assessment of their areas and provide the information to the Infrastructure Branch. If additional pages are needed, use a blank HICS 251. a. Additions and deletions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (mm/dd/yy) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Name of Facility Reporting Status	Enter the name of the facility.
4	System	System type listed in form.
5	Status	<p>Fully functional: 100% operable with no limitations</p> <p>Partially functional: Operable or somewhat operable with limitations</p> <p>Nonfunctional: Out of commission</p> <p>N/A: Not applicable, do not have</p>
6	Comments	Comment on location, reason, and estimates for necessary repair of any system that is not fully operational. If inspection is completed by someone other than as defined by policy or procedure, identify that person in the comments.
8	Remarks	Note any overall facility-wide assessments or future potential issues such as skilled staffing issues, fuel duration, plans for repairs, etc.
9	Prepared by	Enter the name and signature of the person preparing the form. Enter date (mm/dd/yy), time prepared (24-hour clock), and facility.



ATTACHMENT 7: MHOAC 17 FUNCTIONS WITH CHADOC ASSIGNMENTS

1. Assessment of immediate medical needs. Medical Care Branch & EMS Branch
2. Coordination of disaster medical and health resources. Operations Section
3. Coordination of patient distribution and medical evaluations. EMS Branch
4. Coordination with inpatient and emergency care providers. EMS Branch
5. Coordination of out-of-hospital medical care providers. Medical Care Branch
6. Coordination and integration with fire agencies personnel, resources, and emergency fire prehospital medical services. EMS Branch
7. Coordination of providers of non-fire based prehospital emergency medical services. EMS Branch
8. Coordination of the establishment of temporary pre-transport field treatment sites. EMS Branch
9. Health surveillance and epidemiological analyses of community health status. Surveillance Group
10. Assurance of food safety. Environmental Health Branch
11. Management of exposure to hazardous agents. Environmental Health Branch
12. Provision or coordination of mental health services. Behavioral Health Branch
13. Provision of medical and health public information and protective action recommendations.
Operations Section, Information Officer & County Health Officer
14. Provision or coordination of vector control services. Environmental Health Branch
15. Assurance of drinking water safety. Environmental Health Branch
16. Assurance of the safe management of liquid, solid, and hazardous wastes. Environmental Health Branch
17. Investigation and control of communicable disease Health Branch

Logistics Section – Resource Requests

Plans Section / Situation Status Unit – Sit Reps

ATTACHMENT 8: CHADOC TABLE OF FUNCTIONS INCLUDING MHOAC FUNCTIONS

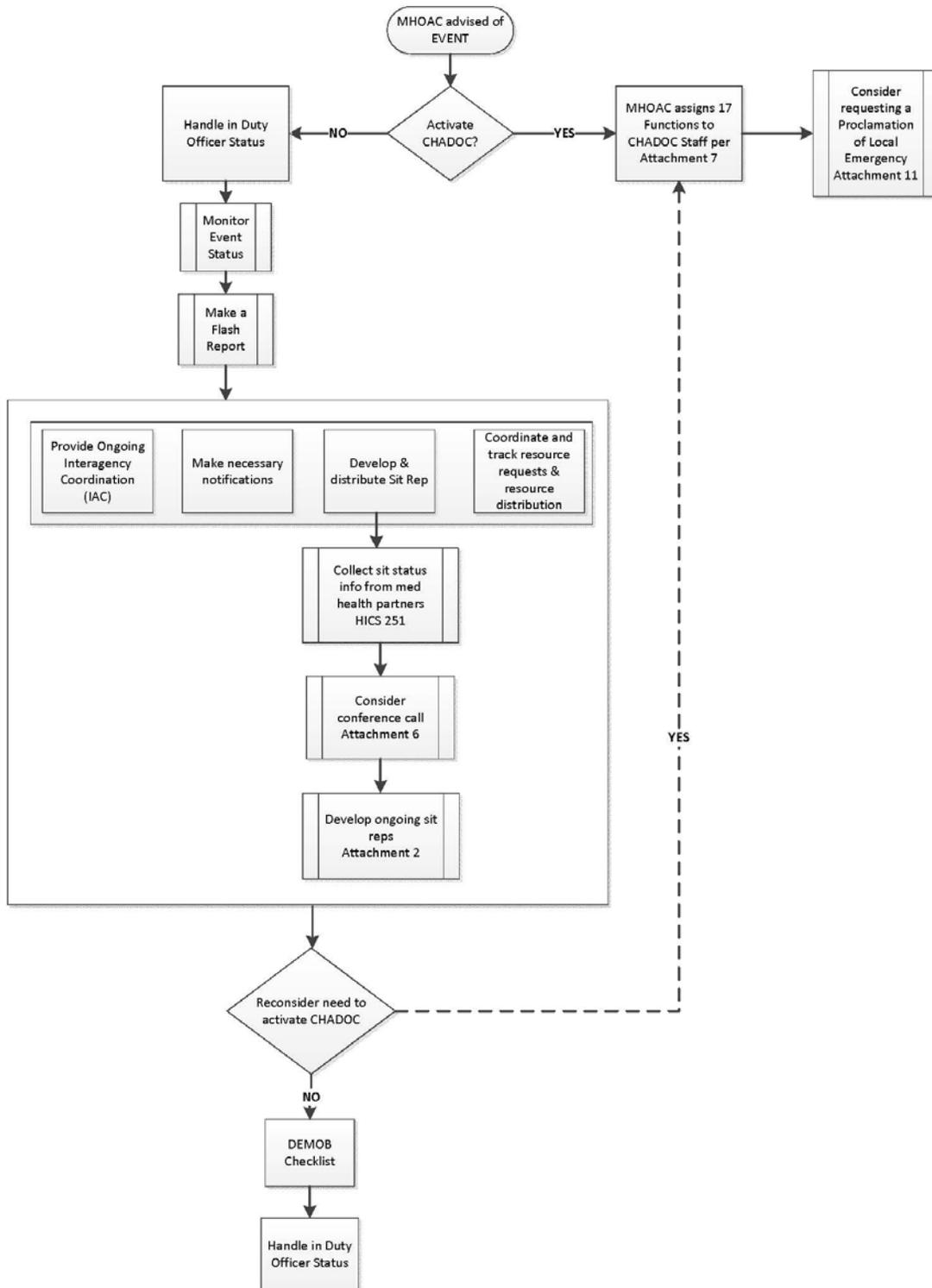
CHADOC Position	Task	Qualification	PHD Positions to Consider
County Health Officer	Overall coordination of medical aspects of CHADOC Approval of Public Protective Action Recommendations (PARs)	MD, DO	County Health Officer Deputy Health Officer
CHADOC Director	Direct, manage and provide overall coordination of CHADOC. Determine incident objectives, strategies, and immediate priorities. Ensure ongoing operational capacity of staff, equipment, and other resources. Communicate and coordinate with the San Luis Obispo County EOC, when activated. Authorize the release of public information originating from CHADOC to the Joint Information Center (JIC) or directly to the media if JIC is not activated. Serve as the MHOAC, providing overall coordination to the MHOAC function	Management skills	Health Agency Director Health Agency Deputy Director County Health Officer Division Manager
Assistant to Director	Provide administrative support to CHADOC Director. Maintain Web EOC for CHADOC Director. Perform Documentation Unit duties if Documentation Unit is not activated. Perform Situation Status Unit duties if Situation Status Unit is not activated.	Administrative skills	Administrative Assistant
Safety Officer	Provide oversight of safety for site and operations. Advise CHADOC Director of needed mitigation actions. Immediately stop any unsafe activity. 4. Prepare documentation and reports on any incidents/accidents that occur at CHADOC.		Environmental Health Specialist
Information Officer	Coordinate the release of public information with CHADOC Director, EOC Information Officer and Joint Information Center, if activated. Serve as media point of contact. Provide escort services to media and others. Coordinate Protective Action Recommendation (PAR) distribution with the Operations Section Chief, using the Mass Communication Distribution form.	Staff with Media expertise	Health Promotions Staff
Liaison Officer	Provide liaison between CHADOC and cooperating / support agencies. Serve as the single point of contact (POC) for Agency Representatives (Agency Reps)	Staff with Community Relations expertise	Health Promotions Staff
Operations Chief	Manage overall Operational activities of the incident with regard to medical and health resources Participate in incident action planning and assist with developing the Incident Action Plan. Provide direct supervision of the Operations Branch Directors. Coordinate development of Protective Action Recommendations (PARs) for the general public for CHO approval, and ensure the coordination of their distribution with the Information Officer		Division Manager Program Manager

CHADOC Position	Task	Qualification	PHD Positions to Consider
Health Branch Director	Manage public health nursing services provided in response to the incident. Supervise Health Branch Group Supervisors. Manage investigations and control of communicable diseases. Coordinate with MHOAC and Long Term Care Ombudsman to implement communicable disease measures. . Assure proper health surveillance and epidemiological analysis of community health issues.	RN	Supervising Nurse
Surveillance Group Supervisor	Oversee and coordinate surveillance activities. Coordinate dissemination of case definition to healthcare providers. Conduct epidemiological analysis of community health status. Oversee and conduct investigations of communicable diseases.	RN Epidemiologist	Public Health Nurse Epidemiologist
Isolation and Quarantine Group	Oversee and coordinate Isolation and Quarantine Group activities. Coordinate with partners to ensure isolation and quarantine orders are being implemented and followed.		Public Health Nurse ASO
Medical Care Branch Director	Assess needs, maintain situational awareness, and manage medical response functions. Oversee PODs, ACS and Medical Shelters. Supervise Medical Care Branch Group Supervisors. Coordinate out-of-hospital care providers, including private physicians, clinics, government entities (Cal Poly, CMC, ASH) and schools (when EOC is not activated). Coordinate with the EMS Branch regarding pre-hospital care.	RN	Nursing Supervisor
Alternate Care Group Supervisor	Coordinate set up and ongoing operations at alternative care sites according to Government Authorized Alternate Care Sites SOP. Oversee staff working at medical shelters and alternate care sites.	RN	Public Health Nurse
Pharmaceutical Distribution Group Supervisor	Coordinate set up and ongoing operations at mass prophylaxis sites according to existing SOPs. Oversee staff working at mass prophylaxis sites.		Public Health Nurse ASO
Laboratory Services Branch Director	Manage and coordinate all laboratory activities. Communicate laboratory testing results to Health Agency Staff and external partners.	Lab expertise	Public Health Lab Staff
Environmental Health Branch Director	Manage and coordinate all environmental health activities. Assist IO with preparation and issuance of public health warnings. Coordinate environmental health assessments (drinking water, vector control, food safety, hazardous materials, and solid and liquid waste) and services related to the incident.	Environmental Health Specialists	EH Supervisor
Behavioral Health Branch Director	Address issues related to behavioral health emergency response. Manage and coordinate the behavioral health response activities.	MFCC, LCSW, PhD	Behavioral Health Supervisor

CHADOC Position	Task	Qualification	PHD Positions to Consider
EMS Branch Director	Maintain communication and coordination with pre-hospital and emergency care providers. Coordinate patient distribution and medical evaluation, coordination with inpatient and emergency care providers, coordination with both fire and non-fire based prehospital EMS services.	EMS expertise	EMS ASO
Planning Section Chief	Collect, evaluate and disseminate information about the status of the incident and resources. Oversee the development of Incident Action Plans for each operational period. Ensure proper documentation is maintained and appropriate reports are created. Supervise Planning Section Unit Leaders	Good organizational skills	Program Manager ASO
Documentation Unit Leader	Maintain accurate, up-to-date incident files. Ensure proper display of incident information within CHADOC in coordination with Situation Status Unit.		Administrative Assistant
Situation Unit Leader	Gather, maintain and analyze current incident information. Prepare situation status reports. Ensure proper dissemination of situation status information. Utilize CDPH EOM situation report form		Administrative Assistant
Advanced Planning Unit Leader	Identify response priorities, resource needs, incident objectives and assignments. Prepare Incident Action Plan for each operational period. Ensure proper dissemination of Incident Action Plan.		ASO
Logistics Section Chief	Coordinate and manage Logistics Group. Provide facilities, services, material and personnel in support of the Health Agency response. Supervise Logistics Section Unit Leaders. Coordinate / process MHOAC / CDPH EOM Resource Request forms. Fill locally or forward to the RDMHC Program.	Good organizational skills	Program Manager ASO
Information Technology Unit Leader	Establish, maintain and provide customer support for computer operations. Establish, maintain and provide customer support for communications operations.	IT expertise	Automation Specialist
Personnel Coordination Unit Leader	Record start and end times for all CHADOC Staff. Notify, coordinate and track all Health Agency staff assigned to Health Agency response activities.	HR expertise	HR Supervisor Payroll Coordinator
Facilities/Supply Unit Leader	Monitor and assess facilities used for Health Agency operations. Coordinate with the Public Works Dept. to ensure facility safety, maintenance, and sanitation of the facilities. Obtain, receive and store equipment, materials, and supplies for Health Agency operations. Maintain inventory of all equipment and supplies.	Experience with inventory management or IRMS	PHD Nursing or other staff familiar with medical items

CHADOC Position	Task	Qualification	PHD Positions to Consider
Finance & Administration Section Chief	Oversee financial, administrative and cost analysis aspects of the incident. Supervise Finance and Administration Unit Leaders.	Accounting knowledge	Accountant II or III
Contract Management Unit Leader	Administer all vendor contracts, leases, and fiscal agreements. Coordinate all financial matters related to contracts and agreements.	Financial and contractual expertise	Accountant Senior Account Clerk
Compensation / Claims Unit Leader	Administer compensation for injury and claims-related activities for the incident. Maintain status on injured personnel.	Financial expertise	Accountant Senior Account Clerk
Time / Cost Unit Leader	Collect and record all cost data. Develop cost incident summaries. Analyze cost records and make cost saving recommendations.	Financial expertise	Accountant Senior Account Clerk
Recovery Unit Leader	Gather and analyze information on cost recovery issues, expenditures, revenues, and reimbursements. Develop a recovery plan and strategy for the agency.	Financial expertise	Accountant Senior Account Clerk
Long Term Care Ombudsman Agency Rep	Liaison with CHADOC Liaison Officer and Long-Term Care Facilities. Determine impact of emergency on Long Term Care Facilities. Provide emergency coordination services for Long Term Care Facilities.		Long Term Care Ombudsman staff/volunteer
Tri Counties Regional Center Agency Rep	Liaison between CHADOC Liaison Officer and Tri-Counties Regional Center. Determine impact of emergency on Tri-Counties Regional Center Service Providers and individuals served. Provide emergency coordination and support services for Tri-Counties Regional Center Service Providers.		Tri Counties Regional Center staff

ATTACHMENT 9: MHOAC BLOCK DIAGRAM



ATTACHMENT 10: FLASH REPORT GUIDE

GOAL – the goal of a Flash Report is to provide:

- Immediate information
- A short message
- Notification only (vs a complete picture)

KEY ELEMENTS – key elements of a Flash Report to consider including are the following Essential Elements of Information (EEI):

- Who is the report from
 - San Luis Obispo Operational Area
 - Reporting Person
 - Your Name
 - Your Jurisdiction
 - Your Agency
 - Your Position
 - Your Points of Contact (POC)
 - Phone with Area Code
 - E mail
- When is the report for
 - Day
 - Date
 - Time (24 hour clock)
- Type of event incident
- Name of event / incident
- Current situation
- Critical issues / priorities / impacts to the Medical / Health System
- Action requested, if any

ATTACHMENT 11: PROCLAMATION OF LOCAL EMERGENCY

**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT
EMERGENCY PREPAREDNESS PROGRAM
PROCLAMATION OF LOCAL HEALTH EMERGENCY
BY EMERGENCY SERVICES DIRECTOR**

I, _____, Emergency Services Director, of the County of San Luis Obispo, State of California, hereby find and determine that there exists a condition of disaster or of extreme peril to the safety of persons and property within the entire of the County of San Luis Obispo:

because of the existence therein of the following conditions: *(Describe Public Health Threat)*

And, further, I do hereby find and determine that the condition or conditions set forth herein-above in this Proclamation currently exist within said area of the County of San Luis Obispo and are likely to be beyond the control of the services, personnel, equipment and facilities of the County of San Luis Obispo and require the combined forces of other political subdivisions to combat. These conditions are not a result of labor controversy.

Now, therefore, I do hereby PROCLAIM A LOCAL EMERGENCY in the entire County of San Luis Obispo described as follows:

all pursuant to the California Emergency Services Act (starting with Government Code Section 8550), California Health and Safety Code Section 101310, and to Chapter 2.80 of Title 2 of the San Luis Obispo County Code.

In furtherance of this Proclamation of Local Emergency, there is hereby invoked within the above-described area of the County of San Luis Obispo, all of the powers and mechanisms set forth in the California Emergency Services Act and in the San Luis Obispo County Code Chapter 2.80 and said powers and mechanisms may hereafter be used by authorized personnel of the County of San Luis Obispo.

It is hereby ordered that a copy of this Proclamation of Local Emergency shall be posted on all outside public access doors of the new County Government Center and in one public place within any area of the County of San Luis Obispo within which this Proclamation applies, and that personnel of said county shall endeavor to make copies of this Proclamation available to news media.

This Proclamation of Local Emergency shall be effective immediately and shall be ratified by the Board of Supervisors within seven days. The Board of Supervisors shall review the need for continuing the local emergency at least every fourteen days. This Proclamation of Local Emergency shall remain in effect until the Board of Supervisors proclaims that the local emergency has terminated.

DAY / DATE / TIME _____

County Administrative Officer
Emergency Services Director

ATTACHMENT 12: SLO COUNTY PHD MASS COMMUNICATION DISTRIBUTION FORM

SAN LUIS OBISPO COUNTY HEALTH AGENCY PUBLIC HEALTH DEPARTMENT			
Mass Communications Distribution Form			
(1) Created By		(2) Approved By	
Created by: <input type="text"/> Date: <input type="text"/>		Approved By (specify): <input type="text"/> Date: <input type="text"/>	
Phone: <input type="text"/> Email: <input type="text"/>		Approved by Health Officer: <input type="text"/> Date: <input type="text"/> Time: <input type="text"/>	
Event Name: <input type="text"/>		Approval Pending: <input type="text"/> Date: <input type="text"/>	
Distribute: <input type="radio"/> Immediately <input type="radio"/> Future (specify) <input type="text"/>			
<input type="checkbox"/> Put entire Release/Alert on the Cover Page Only. 2 paragraph limit		COST CENTER-REQUIRED	INTERNAL ORDER (IF APPLICABLE)
<input type="text"/>		<input type="text"/>	<input type="text"/>
(3) Type of Communication and Distribution List(s)			
<input type="checkbox"/> MEDIA RELEASE	<input type="checkbox"/> PROVIDER OR PARTNER NOTICE	<input type="checkbox"/> IAP/SIT REP	<input type="checkbox"/> PUBLIC ALERTS (May require further approval)
<input type="checkbox"/> Email & Fax (select from section (4) below)	<input type="checkbox"/> Email & Fax (select from section (4) below)	<input type="checkbox"/> Email & Fax (select from section (4) below)	<input type="checkbox"/> 2-1-1
<input checked="" type="checkbox"/> Public Health News Page (Required)	<input checked="" type="checkbox"/> Public Health News Page (Required)	<input type="checkbox"/> WebEOC (accessible only to subscribers)	<input type="checkbox"/> Emergency Alert System (EAS)
<input type="checkbox"/> County Public Advisory Page/RSS Feed	<input type="checkbox"/> Additional County Internet (select from below)	<input type="checkbox"/> ReddiNet	<input type="checkbox"/> Public Health Information Line (PHIL)
<input type="checkbox"/> Additional County Internet (select from below)	<input type="checkbox"/> County Home	<input type="checkbox"/> SLO	<input type="checkbox"/> Reverse 9-1-1
<input type="checkbox"/> County Home <input type="checkbox"/> Health Agency Home	<input type="checkbox"/> EH Home <input type="checkbox"/> Health Agency Home	<input type="checkbox"/> S. Barbara	
<input type="checkbox"/> County Intranet: <input type="text"/>	<input type="checkbox"/> PH Laboratory <input type="checkbox"/> County OES Home	<input type="checkbox"/> Ventura	
<input type="checkbox"/> Social Media (See Page Two)	<input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Other: <input type="text"/>	
<input type="checkbox"/> CAHAN Notification (Specify groups):	<input type="checkbox"/> ReddiNet		
<input type="text"/>	<input type="checkbox"/> SLO <input type="checkbox"/> S. Barbara <input type="checkbox"/> Ventura		
	<input type="checkbox"/> Other: <input type="text"/>		
(4) Email and FAX Lists			
<input type="checkbox"/> ALL Health Care Providers	General	Other PH Partners	
<i>Or specific, check all that apply:</i>	<input type="checkbox"/> Media -ALL (English & Spanish)	<input type="checkbox"/> ALL PH Partners in the List Below	
<input type="checkbox"/> Allergy & Immunology <input type="checkbox"/> OB/GYN	<input type="checkbox"/> Media -Spanish (only)	<i>Or specific, check all that apply:</i>	
<input type="checkbox"/> Anesthesiology <input type="checkbox"/> Obesity & Related Diseases	County of SLO Departments	<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Law Enforcement Police Chiefs
<input type="checkbox"/> Cardiology <input type="checkbox"/> Oncology & Hematology	<input type="checkbox"/> County Administration	<input type="checkbox"/> Air Pollution Control (APCD)	<input type="checkbox"/> Libraries
<input type="checkbox"/> Cardiovascular Surgery <input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Health Agency Staff	<input type="checkbox"/> Ambulances	<input type="checkbox"/> LTC Ombudsman (SNFs)
<input type="checkbox"/> Dermatology <input type="checkbox"/> Optometrist	<input type="checkbox"/> OES	<input type="checkbox"/> American Red Cross	<input type="checkbox"/> Pharmacies
<input type="checkbox"/> Diabetes <input type="checkbox"/> Oral Maxillofacial Surgery	<input type="checkbox"/> PH Clinics	<input type="checkbox"/> Atascadero State Hosp (ASH)	<input type="checkbox"/> Post Offices
<input type="checkbox"/> Dialysis <input type="checkbox"/> Orthopaedic Surgery	<input type="checkbox"/> PH Staff	<input type="checkbox"/> California Men's Colony (CMC)	<input type="checkbox"/> Preschools
<input type="checkbox"/> Ear Nose Throat <input type="checkbox"/> Orthopedic Surgery	<input type="checkbox"/> Social Services (specify): <input type="text"/>	<input type="checkbox"/> Cal Poly	<input type="checkbox"/> Rehab-Physical Therapy
<input type="checkbox"/> Emergency Medicine <input type="checkbox"/> Pain Management	<input type="checkbox"/> Other (specify): <input type="text"/>	<input type="checkbox"/> Camp San Luis	<input type="checkbox"/> Residential Care Facilities
<input type="checkbox"/> Family Practice <input type="checkbox"/> Pathology	Other Government	<input type="checkbox"/> CAPSLO	<input type="checkbox"/> Retirement Homes
<input type="checkbox"/> Fertility <input type="checkbox"/> Pediatric Cardiology	<input type="checkbox"/> Cities Liaisons	<input type="checkbox"/> County Office of Education	<input type="checkbox"/> School Districts-School Nurses
<input type="checkbox"/> Gastroenterology <input type="checkbox"/> Pediatrics	<input type="checkbox"/> Community Service Districts	<input type="checkbox"/> Cuesta College	<input type="checkbox"/> School Districts-Superintendents
<input type="checkbox"/> Hospitalists <input type="checkbox"/> Pharmacists	<input type="checkbox"/> FBI (Local Contact)	<input type="checkbox"/> Daycare (Children)	<input type="checkbox"/> Senior Centers
<input type="checkbox"/> Infectious Disease <input type="checkbox"/> Plastic Surgery	<input type="checkbox"/> Health Commission	<input type="checkbox"/> Fire Chiefs	<input type="checkbox"/> Tri-counties Regional Center
<input type="checkbox"/> Internal Medicine <input type="checkbox"/> Podiatry	<input type="checkbox"/> PSAP Dispatch-Police Departments	<input type="checkbox"/> Health Care Clinics-SLO	<input type="checkbox"/> Utilities
<input type="checkbox"/> Law Enforcement Med (LEMC) <input type="checkbox"/> Pulmonary Medicine	<input type="checkbox"/> PSAP Representatives	<input type="checkbox"/> Health Care Clinics-Santa Barb	<input type="checkbox"/> Veterinarians
<input type="checkbox"/> Maternal-fetal Medicine <input type="checkbox"/> Radiation Oncology	<input type="checkbox"/> Santa Barbara Public Health	<input type="checkbox"/> Health Care Clinics-Ventura	<input type="checkbox"/> Water Districts
<input type="checkbox"/> Medical Groups <input type="checkbox"/> Radiology	<input type="checkbox"/> State Government/Elected Officials	<input type="checkbox"/> Home Health	
<input type="checkbox"/> Neonatology <input type="checkbox"/> Rheumatology		<input type="checkbox"/> Laboratory-San Luis Obispo	Non-Protective Action Zones:
<input type="checkbox"/> Nephrology <input type="checkbox"/> Surgery		<input type="checkbox"/> Laboratory-Santa Barbara Co	<input type="text"/>
<input type="checkbox"/> Neurology-Neurosurgery <input type="checkbox"/> Urgent Care		<input type="checkbox"/> Laboratory-Ventura County	Protective Action Zones:
<input type="checkbox"/> Urology			<input type="text"/>
Hospitals	Other Target Audience Not Listed; Include method and contact information		
<input type="checkbox"/> CEOs <input type="checkbox"/> PKOs	1. <input type="text"/>		
<input type="checkbox"/> ER Directors <input type="checkbox"/> Infection Control Nurses	2. <input type="text"/>		
(5) FOR IT STAFF ONLY - DO NOT FILL IN THIS SECTION UNLESS YOU ARE DISTRIBUTING AND/OR POSTING			
<input type="checkbox"/> If Social Media Box is checked above, email this form to PH_Social_Media Group		<input type="checkbox"/> Email to Social Media Group	
By: <input type="text"/>	Date: <input type="text"/>	Time: <input type="text"/>	Comments: <input type="text"/>

SAN LUIS OBISPO COUNTY HEALTH AGENCY PUBLIC HEALTH DEPARTMENT

Mass Communications Distribution Form

SLOpublichealth Social Media Message

Page Two

WHAT MESSAGE DO YOU WANT US TO POST? *We will notify you if we need to modify the message.*

TIPS

Keep it brief, relevant and interesting!

Include:

- Link to information
- Relevant hashtags
- Eye-catching graphic or photo

Post includes graphic, photo and/or video files "List of Additional Files" box - BE SURE SAVE THESE FILES IN THE MASS COMMUNICATIONS FOLDER!!!

LIST OF ADDITIONAL FILES

<input type="checkbox"/> Link (include here)	<input type="text"/>
<input type="checkbox"/> Hashtags (include here)	<input type="text"/>
<input type="checkbox"/> Other	<input type="text"/>

When Do You Want This Posted? *We will notify you if we need to reschedule your post*

<input type="checkbox"/> ASAP (timely or emergent)	<input type="checkbox"/> Whenever it fits in the schedule
<input type="checkbox"/> On this date: <input type="text"/>	<input type="checkbox"/> Sometime before this date: <input type="text"/>
<input type="checkbox"/> Other:	<input type="text"/>

Other Information or Instructions

This is also available on the Health Agency Intranet at [mySLO>Health Agency>Public Health Department>Public Health Forms](#) as a pdf document

ATTACHMENT 13: MHOAC WEBPAGE FAQ

How do I contact the MHOAC?

If you are a first responder or medical/health organization representative and need to talk to a public health representative regarding an emergency situation, such as multi-casualty incidents (MCIs), MHAOC requests, threats to the medical and public health system or medical and mutual aid requests, call **1-805-380-3411**.

This is a 24/7 phone number for the EMS Duty Officer which functions as the MHOAC Program until the County Health Agency Department Operations Center (CHADOC) is activated.

You can also email PublicHealth.MHOAC@co.slo.ca.us to submit [HICS 251 Form Facility System Status Report](#), MHOAC Resource Requests and situational awareness updates. *****Please follow up with a call to 1-805-380-3411 to confirm receipt of email*****

For all other public health emergency calls, such as communicable disease, call:

- 1-805-781-1077 during regular business hours
- 1-805-781-4553 during weekends, after hours and holidays

When do I complete a Medical/Health Situation Status Report?

If you are a medical/health organization representative and are experiencing an unusual event, you must notify the MHOAC to inform them of the situation. An unusual event is defined as an incident that significantly impacts or threatens public health, environmental health or emergency medical services. An unusual event may be self-limited or a precursor to an emergency system activation. Criteria for an unusual event may include any of the following:

- The incident significantly impacts or is anticipated to impact public health or safety
- The incident disrupts or is anticipated to disrupt the public health and medical system;
- Resources are needed or anticipated to be needed beyond the capacity of your medical/health organization (including resources available through existing agreements)
 - Examples include Multi Casualty Disaster, Power Outage anticipated to last more than 3 hours, loss of HVAC system, loss of water supply, facility evacuation, activation of the Emergency Command Center for any reason, and staff shortages due to medical surge.

The MHOAC may also request medical/health organizations to complete a Situation Status Report for situational awareness purposes.

The report may be a Flash Report (short and simple) or a more detailed and complete Situation Status Report.

How do I submit a Medical/Health Situation Status Report?

Contact the MHOAC at the phone number provided above and determine the best way to submit the [SLO County HICS 251](#)

When do I complete a Medical/Health Resource Request?

Contact the MHOAC and complete a Medical/Health Resource Request if you are a medical/health organization representative and are in need of a resource (or the need is imminent) from within or beyond San Luis Obispo county and you have exhausted all other resource options, such:

- Internal / corporate supply chain
- Mutual assistance agreements with other agencies
- Alternative resources are not available
- The resource is not available through the commercial supply chain / vendors

How do I submit a Medical/Health Resource Request?

Contact the MHOAC at the phone number provided above and determine the best way to submit the [SLO County Medical/Health Resource Request](#)

What are the 17 mandated MHOAC functions?

The MHOAC is responsible for ensuring the operational effectiveness of 17 mandated functions:

1. Assessment of immediate medical needs
2. Coordination of disaster medical and health resources
3. Coordination of patient distribution and medical evaluations
4. Coordination with inpatient and emergency care providers
5. Coordination of out-of-hospital medical care providers
6. Coordination and integration with fire agencies personnel, resources, and emergency fire prehospital medical services
7. Coordination of providers of non-fire based prehospital emergency medical services
8. Coordination of the establishment of temporary pre-transport field treatment sites
9. Health surveillance and epidemiological analyses of community health status
10. Assurance of food safety
11. Management of exposure to hazardous agents
12. Provision or coordination of mental health services
13. Provision of medical and health public information and protective action recommendations
14. Provision or coordination of vector control services
15. Assurance of drinking water safety
16. Assurance of the safe management of liquid, solid, and hazardous wastes
17. Investigation and control of communicable disease

The MHOAC Program has 4 major activities to perform in order to ensure the operational effectiveness of the 17 mandated functions:

- Overall incident assessment to maintain situational awareness
- Overall interagency coordination with subject matter experts in the 17 functional areas
- Situation status reporting
- Resource request management for medical and health resources

NOTE – this FAQ is posted to the PHD internet web page