

PURPOSE:

Facility/MHOAC Situation Report QUICK REFERENCE GUIDE



Report Type

Section	Options	Purpose and/or instruction for completing
A	Initial Report	Select Initial Report if this is the first time the organization/facility is submitting the report and anticipates sending additional updates/reports during an incident.
	Final Report	Select Final Report for a final report, or if the organization/facility is reporting and does not anticipate submitting Updates. A final report may be the only report submitted in the event an organization/facility is not impacted by the incident.
	Update #	Select Update # for all reports submitted after the initial report. Use the space provided to number the updates, beginning with 1, and continuing following a logical numbering pattern.

Report Creation Date/Time

Section	Field	Purpose and/or instruction for completing
B	1. Date	Enter the date that the report was completed.
	2. Time	Enter the time that the report was started.

Report Status

Section	Options	Purpose and/or instruction for completing
C	Advisory: No Action Required	Select Advisory if your organization/facility is providing information only, and does not require immediate action from the OCHCA.
	ALERT: Action Required	In the event that your form contains urgent information, that needs contact from OCHCA personnel, select Alert: Action Required; this status is used with a Red or Black status selected in line 13a.

Contact Information of Person Completing Report

Section	Field	Purpose and/or instruction for completing
D	1. Name	Enter the first name and last name of the person completing the report.
	2. Position/Title	Enter the position/title of the person completing the report.
	3. Direct Phone Number	Enter the direct phone number of the person completing the report. The number entered should be one that is closely monitored, preferably a mobile phone.
	4. E-mail	Enter the email address of the person submitting the report.

Facility Name

Section	Field	Purpose and/or instruction for completing
E	Facility Name	Enter the facility name. If completing forms for more than one facility/organization, ensure that a single form is filled out for each facility/organization.

Facility Type

Section	Field	Purpose and/or instruction for completing
F	Facility Type	If completing the form on a computer, choose the facility type from the drop down menu. If completing the form by hand, specify the facility type so that OCHCA can easily categorize forms.

Facility/Organization Population Reporting

Section	Options	Purpose and/or instruction for completing
G	Green	Normal Operations
	Yellow	Modified operations; using internal/corporate resources. Emergency Operation Plans (EOPs) are in effect and being followed without major roadblocks or need for assistance from OCHCA.
	Red	Modified operations; need assistance. This status is selected in the event that EOPs are in effect and that additional assistance is required above and beyond all existing internal/corporate resources.
	Black	Significantly impaired or non-functional; need MAJOR assistance. This status communicates that the facility/organization cannot continue to operate without assistance from OCHCA in facilitating supplies, personnel, patient transportation and/or relocation.

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Facility/Organization Reporting

Section	Field	Purpose and/or instruction for completing
H	1. Capacity Type	Based on your facility type, select the appropriate Capacity Type. This should be a measure in how your facility type typically reports general facility/organization census statistics – beds, patients, chairs. If other is selected, enter the type in the blank space provided.
	2. Count of Impacted	Based on the capacity type, indicate how many are currently affected due to the incident.
	3. Count of Occupied	If applicable, Indicate the number of occupied capacity type – i.e. the total number of beds, patients, chairs currently being cared for
	4. Count of Open	If applicable, indicate how many of the capacity type are open for potential placement from another facility/organization.

Prognosis

Section	Options	Purpose and/or instruction for completing
I	No Change	The status is not expected to improve or worsen. It is not anticipated that additional impacts will occur, but things are not expected to improve significantly based on current observation.
	Improving	The status is observed to be improving. There are less impacts, or the impacts have been addressed. Needs are being met, and moving towards more normal operations.
	Worsening	The status is observed to be worsening. There are more impacts, or the impacts are worsening. Needs are not being met, and continue moving towards more significant impairment or non-functioning.

Situation Summary

Section	Considerations	Purpose and/or instruction for completing
J	Current Situation	Provide detailed situational awareness information – this may include utility status, structural concerns, projected sustainability, fuel capacity, etc.
	Current Priorities	What does your facility/organization as being important to maintain “Green”, or work towards an improved “Current Operational Status”. “None” or “Nothing to Report” is acceptable.
	Critical Issues Or Actions Taken	What has your facility/organization observed as a barrier to a “Green” or “Yellow” status. Have any significant actions taken place to improve the situation – i.e. Switching to Emergency Operation Plans, making patient movement decisions, etc. “None” or “Nothing to Report” is acceptable.

Upon completion of the form, email it to AOCStatLead@ochca.com. When the AOC is activated, you can fax completed forms to 714-437-5767. If both e-mail and fax are down, use alternate methods to send information such as radio or phone.