



MEDICAL HEALTH OPERATIONAL AREA COORDINATOR PROGRAM ANNEX

Annex to the HCA Emergency Operations Plan

2018

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Addendum

Medical & Health Situation Report, Resource Request Form, Flash Report & Call Down Directory located:
<\\ochca.com\hcashares\BioTerrorism\BTP\Plans\MHOAC Annex>
<\\ochca.com\hcashares\EMS\EMS\Disaster, DOC, Communications, HPP\EMS DOC\MHOAC files>
<\\ochca.com\hcashares\EMS\Disaster, DOC, Communications, HPP\EMS DOC\Library>Contact lists\HCA DISASTER CALL-DOWN LIST>

Medical Health Operational Area Coordinator Annex

I. Purpose

The purpose of the Medical Health Operational Area Coordinator (MHOAC) Program Annex is to ensure that:

- A. Resource request and situation report activities are coordinated based on the California Public Health and Medical Emergency Operation Manual (EOM).
- B. Coordination of the MHOAC Program activities occur between representatives of the major Orange County Health Care Agency (HCA) service areas: Administrative Services, Correctional Health Services (CHS), Behavioral Health Services (BHS), Public Health Services (PHS), Regulatory/Medical Health Services (R/MHS) and the Orange County Operational Area (OA).

The MHOAC Program (hereinafter referred to as “MHOAC”) activities are implemented daily and updated on an as needed basis; at a minimum, HCA-R/MHS Emergency Medical Services Division will formally review the MHOAC Program Plan every two years. Changes will be made to the MHOAC Program Annex based on lessons learned, advances and new findings. A copy of the Annex will be kept on file with Orange County Emergency Medical Services (OCEMS), the Health Strategic Operations Center (HSOC), and the Medical/Health Branch at the Operational Area Emergency Operations Center (OA EOC).

II. Concept of Operations

The MHOAC shall function under the Standardized Emergency Management System (SEMS) framework and be used during daily activities, unusual events, and emergency system activations impacting the public health and medical system that requires monitoring of the incident, coordination of resource requests, and provision of situation awareness reports.

The California Public Health and Medical Emergency Operations Manual (EOM) is designed to strengthen the coordination within the Public Health and Medical System during unusual events and emergencies that have public health or medical impact. The EOM describes the basic roles and activities with the Public Health and Medical System and coordination with the emergency management structure at all levels of SEMS. The EOM supports California’s ability to provide assistance to local governments or Operational Areas when disasters overwhelm available medical/health resources.

The MHOAC supports the Operational Area by serving as the formal position by which health and medical mutual aid is coordinated on behalf of the Operational Area (OA), in accordance with the direction and policies set forth by the OA’s Director of Emergency Services and HCA Executive Leadership. The MHOAC also serves as the formal link for receiving, coordinating and reporting health and medical resource requests and situation reports between the OA and the California Regional Operations Center. The MHOAC coordinates with the California Mutual Aid Region I - Regional Disaster Medical Health Specialist/Coordinator (RDMHS/C)

and provides Situation Reports to the RDMHS/C, the California Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA) Duty Officers. (See Graphic on Page 5).

The MHOAC gathers and collects situational information for reporting purposes from the HCA Service Areas as well as the HEOC and Emergency Medical Services (EMS) Department Operations Center (DOC), if activated, and provides a status update to the HCA Agency Director, OA EOC, and others as appropriate. The MHOAC may be physically located in the field, in the EMS DOC, HEOC or the OA EOC and assumes the three core functional responsibilities of:

- A. Preparation and submission of the initial Medical and Health Situation Report within two (2) hours of event recognition to: 1) RDMHS/C at the Regional Emergency Operations Center; 2) California Department of Public Health and EMSA Duty Officers at the Medical Health Coordinating Center (MHCC); and if activated, 3) the HEOC; 4) OA EOC.
- B. Communication of no less than one (1) status update to RDMHS/C per operational period as dictated by a change in status or prior agreement.
- C. Submission of medical resource requests to the RDMHC on behalf of the Operational Area.
 - Thru the OA, the MHOAC will use California Emergency Operations Center (CalEOC) incident management software (WebEOC) to request a mission task (tracking) number. It is preferable that the CalEOC number be included on resource request forms sent to the RDMHC. However, there are situations when CalEOC does not issue a mission tracking number early on in an event.

The Emergency Medical Services Duty Officer (EMS DO) is the initial point of contact for all MHOAC Program functions. Upon incident onset and to gain situational awareness, the EMS Duty Officer may reach out to HCA Subject Matter Experts (SME), as appropriate. Conversely, HCA Service Areas, DOCs, divisions or programs that have been impacted by an incident must contact the EMS Duty Officer to report status and assessments of resource needs (Appendix E). Depending upon scope and length of the incident, the MHOAC Program functions may be delegated to other personnel.

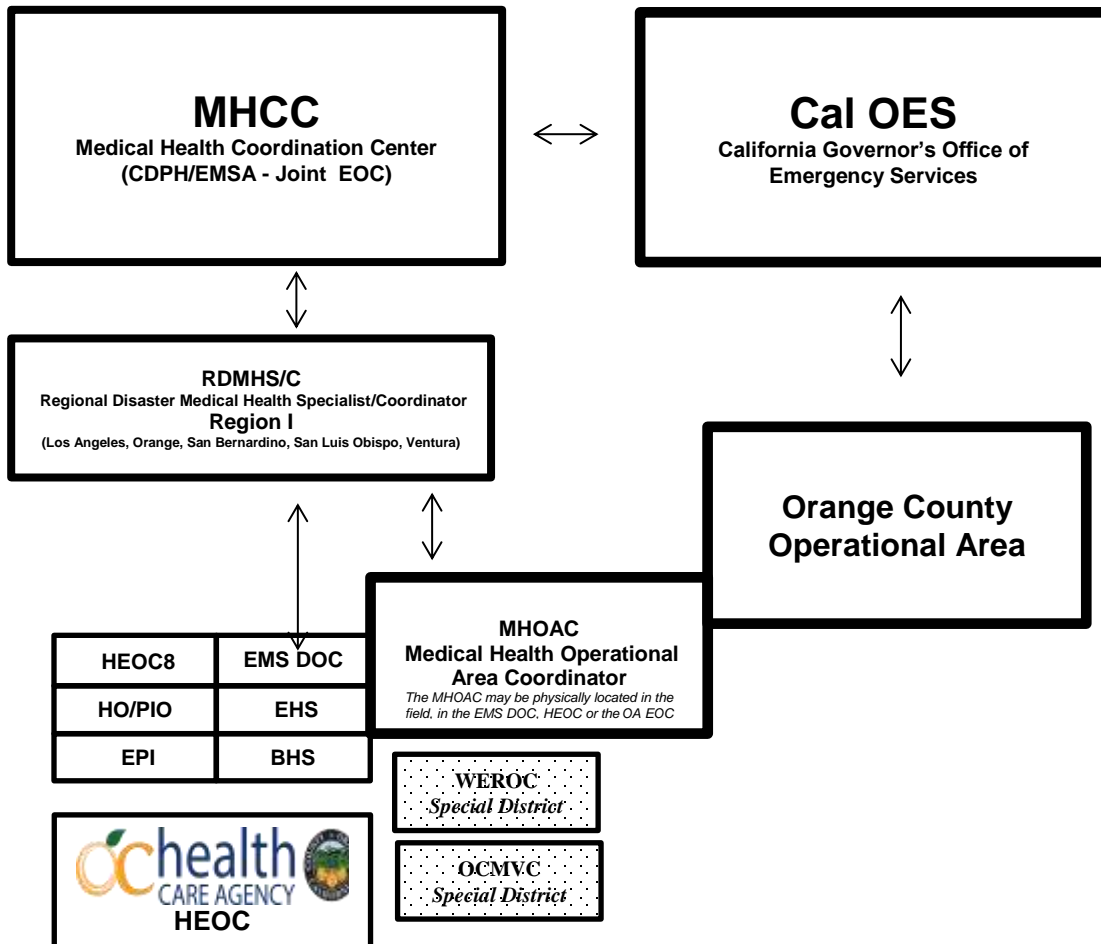
III. Roles and Responsibility

As the initial MHOAC designees, the EMS Duty Officer(s) are required to respond to local public health and medical emergencies and quickly and effectively notify the appropriate agencies of impending and/or actual emergencies. The EMS Duty Officer maintains 24/365 capability to initiate emergency notifications, and supports medical intelligence during all phases of EOC and/or DOC activation. Once intelligence is received and notifications are made, the MHOAC provides immediate response notification to essential emergency management partners, monitors the system, coordinates resource requests, and facilitates the implementation of the OA's medical and public health response plans. To satisfy the 17 functions specified in the CDPH EOM, the MHOAC will fulfill the following roles and responsibilities:

- A. Maintain a 24 hour-per-day, 365 day-per-year single point of contact for the MHOAC Program within Orange County and California Mutual Aid Region I – Orange County (Appendix H).
- B. Ensure that contact information is readily available to Public Health and Medical System participants within the Operational Area.
- C. Provide trained backup personnel capacity during emergencies.
- D. Provide situational reports in accordance with the processes identified in this manual.
- E. Coordinate the identification, acquisition and delivery of Public Health and Medical mutual aid resources and assistance within the Operational Area.
- F. Support the Medical and Health Branch of the Operational Area EOC if activated.
- G. Accept & coordinate resource requests from other governmental agencies within local, area, region or state

The MHOAC will rely on HCA Service Areas Epidemiology and Assessment (EPI), the Public Health Lab (PHL), Behavioral Health (BH), Emergency Medical Services (EMS), Environmental Health (EH), Public Information Officer (PIO) and the Health Officer to provide status reports in some core functional activities defined below. Further, Orange County Mosquito & Vector Control (OCMVC) and the Water Emergency Response Organization (*WEROC) will be relied upon for status reports.

HCA SERVICE AREA	MHOAC Core Functional Activities (Health & Safety Code §1797.153)		HCA DIVISION
REGULATORY/ MEDICAL HEALTH	1	Assessment of immediate medical needs	Emergency Medical Services
	2	Coordination of disaster medical and health resources	
	3	Coordination of patient distribution & medical evaluation	
	4	Coordination with inpatient & emergency care providers	
	5	Coordination of out-of-hospital medical care providers	
	6	Coordination & integration with fire agency personnel, resources & emergency fire pre-hospital medical services	
	7	Coordination of providers of non-fire based pre-hospital emergency medical services	
	8	Coordination of the establishment of temporary field treatment sites	Environmental Health Services *WEROC
	10	Assurance of food safety	
	11	Management of exposure to hazardous agents	
15	Assurance of drinking water safety*		
	16	Assurance of the safe management of liquid, solid, and hazardous wastes	
PUBLIC HEALTH	9	Health surveillance & epidemiological analyses of community health status	Epidemiology/PH Lab
	17	Investigation and control of communicable disease	
BEHAVIORAL HEALTH	12	Provision of coordination of mental health services	
HEALTH OFFICER	13	Provision of medical and health public information protective action recommendations	Health Officer/Public Information
SPECIAL DISTRICT	14	Provision or coordination of vector control services	Orange County Mosquito & Vector Control



IV. Notification and Trigger Points for MHOAC Activation

A. Notification/Point of Contact

The EMS Duty Officer is the initial point of contact for the MHOAC 24/7

- The function of the MHOAC may be supported by other R/MHS personnel

EMS Duty Officer Cell Phone	EMS Duty Officer Email
714-415-8980	EMSdutyofficer@ochca.com

- Backup point of contact: Orange County Communications (OCC) 714-628-7005

B. A trigger point is defined as a transition from routine, day-to-day operation to MHOAC activation. Triggers that prompt transition from routine, day-to-day operation to MHOAC Program activation include but are not limited to:

- Type, scope and magnitude of event
- Request to support and maintain field operations
- Resource requests from other governmental agencies within local area, region or state
- An incident that leads to activation of Department Operations Center (DOC) and/or Health Emergency Operation Centers (HEOC) and/or OA Emergency Operation Centers (OA EOC)
- Activation requested by the HCA Executive Leadership, HCA-Service area designee or EMS Duty Officer

IV. MHOAC/Duty Officer Duties

Upon MHOAC activation, a MHOAC/Duty Officer Flash Report (Appendix A) may be used to notify HCA Executive Leadership, County Health Officer &/or designees. The EMS Duty Officer/MHOAC will notify designated Agency listed at the bottom of the Flash Report.

Based on the type, scope and magnitude additional meetings will be held to share information, build a common operating picture and to determine primary incident management priorities and response activities. Most initial notifications will be email but conference calls may be held with applicable programs (Appendix C).

Within 2 hours of activation, the MHOAC will complete and send a State Medical and Health Situation Report (SITREP) to the RDMHS/C, CDPH & EMSA (Appendix I, PDF fillable SITREP located at Y:\Disaster, DOC, Communications, HPP\EMS DOC\MHOAC files).

V. Public Health & Medical Incident Levels

The designation of Public Health and Medical Incident Level 1, 2 or 3 describes the need for resources to effectively manage the incident.

Level I Public Health and Medical Incident

- Can be adequately mitigated using available health and/or medical resources from within the affected Operational Area or by accessing resources from other Operational Areas through existing agreements (including day-to-day agreements, memoranda of understanding, or other emergency assistance agreements).
- A variety of EMS response partners may be involved depending on the nature of the incident, including other Public Health and Medical System participants.
- The MHOAC should be notified of Level 1 Public Health and Medical Incidents.
- May require emergency system activation, including activation of DOCs/EOCs within the OA.

Level II Public Health and Medical Incident

- Requires health and/or medical resources from other Operational Areas within the Mutual Aid Region beyond those available through existing agreements and may include the need for distribution of patients to other Operational Areas.
- Resource requests should be coordinated by the MHOAC.
- Will typically require notification to and /or assistance from the Regional Disaster Medical Health Specialist/Coordinator (RDMHS/C) Program within the Mutual Aid Region.
- May require emergency system activation, including activation of DOCs or EOCs within the OA and Mutual Aid Region.

Level III Public Health and Medical Incident

- The need for health and/or medical resources exceeds the response capabilities of the affected Operational Area and associated Mutual Aid Region. This determination is made from an assessment of health and medical resources relative to current and expected demands.
- Resource requests should be coordinated by the MHOAC within the affected Operational Area(s), working in conjunction with the RDMHS/C.
- Will lead to activation of DOCs/EOCs within the OA, Mutual Aid Region, and State.
- If there is a clear need for significant out-of-region resources, or if communication with the affected area(s) is not available, State and/or federal government response agencies may begin mobilizing and pre-positioning resources while awaiting local requests.

It is also important to assess and report the operational status of the Public Health and Medical System within the OA. While these two assessments (incident & operational) are likely to track in parallel, each provides different information on the impact of an emergency. Both assessments are included in the MHOAC Situation Report.

VI. Public Health and Medical Incident (Operational) Status

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. 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.

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

VII. Demobilization Phase

Incidents may begin on one level and evolve to another level not necessarily in chronological order. As the incident stabilizes or the EMS DOC and HEOC are no longer activated, OCHCA’s emergency operational functions will transition to the demobilization phase. The MHOAC will transition to normal day-to-day activities.

VIII. Annex Maintenance

This Annex will be reviewed every two years and updated as appropriate by HCA-R/MHS EMS Division.

IX. Authorities and References

California Emergency Function 8 (CA-EF8), Public Health and Medical

California Health & Safety Code Division 2.5 Chapter 3. State Administration Article 4. Medical Disasters

§1797.151 (Coordination of Disaster Preparedness)

The authority shall coordinate, through local EMS agencies, medical and hospital disaster preparedness and other local, state, and federal agencies and departments having a responsibility relating to disaster response, and shall assist the Office of Emergency Services in preparation of the emergency medical services component of the State Emergency Plan as defined in Section 8560 of the Government Code. (Amended by Stats. 2013, Ch. 352, Sec. 334. Effective September 26, 2013. Operative July 1, 2013, by Sec. 543 of Ch. 352.)

§1797.152 (Regional Disaster Medical & Health Coordinator)

- (a) The director and the State Public Health Officer may jointly appoint a regional disaster medical and health coordinator for each mutual aid region of the state. A regional disaster medical and health coordinator shall be an administrator of a local EMS agency, or a medical director of a local EMS agency. Appointees shall be chosen from among persons nominated by a majority vote of the local health officers in a mutual aid region.
- (b) In the event of a major disaster which results in a proclamation of emergency by the Governor, and in the need to deliver medical or public and environmental health mutual aid to the area affected by the disaster, at the request of the authority, the State Department of Public Health, or the Office of Emergency Services, a regional disaster medical and health coordinator in a region unaffected by the disaster may coordinate the acquisition of requested mutual aid resources from the jurisdictions in the region.
- (c) A regional disaster medical and health coordinator may develop plans for the provision of medical or public health mutual aid among the counties in the region.
- (d) No person may be required to serve as a regional disaster medical and health coordinator. No state compensation shall be paid for a regional disaster medical and health coordinator position, except as determined appropriate by the state, if funds become available. (Amended by Stats. 2013, Ch. 352, Sec. 335. Effective September 26, 2013. Operative July 1, 2013, by Sec. 543 of Ch. 352.)

§1797.153 (Medical Health Operational Area Coordinator).

- (a) In each operational area the county health officer and the local EMS agency administrator may act jointly as the medical health operational area coordinator (MHOAC). If the county health officer and the local EMS agency administrator are unable to fulfill the duties of the MHOAC they may jointly appoint another individual to fulfill these responsibilities. If an operational area has a MHOAC, the MHOAC in cooperation with the county office of emergency services, local public health department, the local office of environmental health, the local department of mental health, the local EMS agency, the local fire department, the regional disaster and medical health coordinator (RDMHC), and the regional office of the Office of Emergency Services (OES), shall be responsible for ensuring the development of a medical and health disaster plan for the operational area. The medical and disaster plans shall follow the Standard Emergency Management System

and National Incident Management System. The MHOAC shall recommend to the operational area coordinator of the Office of Emergency Services a medical and health disaster plan for the provision of medical and health mutual aid within the operational area.

- (b) For purposes of this section, “operational area” has the same meaning as that term is defined in subdivision (b) of Section 8559 of the Government Code.
- (c) The medical and health disaster plan shall include preparedness, response, recovery, and mitigation functions consistent with the State Emergency Plan, as established under Sections 8559 and 8560 of the Government Code, and, at a minimum, the medical and health disaster plan, policy, and procedures shall include all of the following:
 - (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 pre-hospital emergency medical services.
 - (8) Coordination of the establishment of temporary 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 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.
- (d) In the event of a local, state, or federal declaration of emergency, the MHOAC shall assist the OES operational area coordinator in the coordination of medical and health disaster resources within the operational area, and be the point of contact in that operational area, for coordination with the RDMHC, the OES, the regional office of the OES, the State Department of Public Health, and the authority.
- (e) Nothing in this section shall be construed to revoke or alter the current authority for disaster management provided under either of the following:
 - (1) The State Emergency Plan established pursuant to Section 8560 of the Government Code.
 - (2) The California standardized emergency management system established pursuant to Section 8607 of the Government Code.

California Public Health & Medical Emergency Operations Manual

EMSA #214: Disaster Medical Systems Guidelines

EMSA #218A: California Disaster Medical Response Plan

EMSA #218B: California Medical Mutual Aid Plan (Annex A EMSA #218A)

OCEMS Plan Standards for Disaster Medical Response

Appendix A: MHOAC/Duty Officer Flash Report

ORANGE COUNTY HEALTH CARE AGENCY – INTERNAL NOTIFICATION

Medical Health Operational Area Coordination (MHOAC/Duty Officer)

FLASH REPORT

SIGNIFICANT EVENT – EMERGENCY – EVOLVING INCIDENT

Incident Name:

Type of Incident:

Mutual Aid Region:

Operational Area:

Reporting Entity:

Date:

Prepared By	Contact Information

Brief Summary

This flash report provides initial and sometimes limited information. It does not fulfill the spectrum of a complete Situational Report. It is intended as a quick advisory to upper level management as an indicator that a potential incident or situation has or is occurring within the region(s). An assessment of the situation is ongoing and may require additional documentation to support a full situational report.

DISTRIBUTION:

richard.sanchez@ochca.com; sthronson@ochca.com; emeronk@ochca.com; dsouleles@ochca.com; nquick@ochca.com;
jgood@ochca.com; rselleck@ochca.com; jnagel@ochca.com; ewinger@ochca.com; apeters@ochca.com; dfranks@ochca.com; dboston@ocsd.org;
manderson@ocsd.org; vosborn@ocsd.org

Appendix B: Disaster Response Call Down Directory

Located at: \\ochca.com\shares\EMS\Disaster, DOC, Communications, HPP\EMS DOC\Library>Contact lists\HCA DISASTER CALL-DOWN LIST

Appendix C: HCA Conference Call Form

County of Orange HCA Emergency Conference Call Form

Date:	Title:	Facilitator:
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For Reference Only – Not Mandatory to Call All Positions Listed

Title	Name	Date/Time/Misc	
HCA Health Officer			
HCA Director			
HCA Asst Director			
HCA PIO			
DAD, BHS			
DAD, CHS			
DAD, PHS			
DAD, R/MHS			
Director, Admin Svces			
Division Lead, BHS			
Division Lead, EHS			
Division Lead, EMS			
Division Lead, EPI			
Division Lead, PH-Lab			
OC Mosquito & Vector			
WEROC			

Appendix D: Region 1 Disaster Medical Health Coordination Program Contact List, 5/2016

OES MUTUAL AID REGION I – MEDICAL AND HEALTH COORDINATION		
<p>Region I RDMHC (24 Hour POC)</p> <p>LACo EMS: 866-940-4401 or 562-941-1037</p> <p><i>Request EMS Administrator on Duty or RDMHC Staff</i></p>	<p>RDMHC1: Cathy Chidester Main: 562-347-1500 Office Direct : 562-347-1604 Cell 213-590-3353 cchidester@dhs.lacounty.gov</p> <p>RDMHC Alternate: Kay Fruhwirth Office Direct: 562-347-1596 Cell: 213-453-7230 kfruhwirth@dhs.lacounty.gov</p>	
<p>RDMHS-1 CONTACT INFORMATION</p> <p>LA EMS Agency 10100 Pioneer Blvd., Ste # 200 Santa Fe Springs, CA 90670</p>	<p>RDMHS1: Mike Noone Office: 562-347-1510 Work Cell: 213-587-3034 Personal Cell: 310-435-3666 Satellite phone: 254-241-9962 mnoone@dhs.lacounty.gov</p> <p>RDMHS1 Alternate: Jim Eads Cell: 805-559-4044 DSF: 562-941-5545 jeads@dhs.lacounty.gov</p>	
<p>REGION I MEDICAL AMBULANCE TRANSPORTATION COORDINATORS</p>	<p>Ken Liebman - AMR Office: 626-633-4612 Cell: 661-810-7635 Dispatch: 877-808-2100 Ken.liebman@amr-ems.com</p>	<p>Bill Weston – CARE Dispatch:714-288-3888 Office: 714- 288-3823 Mobile: 714-713-5708 Pager: 714-439-8099 billw@careambulance.net</p>

MUTUAL AID – MEDICAL AND HEALTH COORDINATION PARTNERS	
<p>Region VI RDMHC Program Staff, 951-358-7100 main Riverside Co. EMS Agency 4065 County Cir. Drive Riverside, CA 92503</p>	<p>Region VI RDMHS: Donna Mayer Office: 951-358-7122 Cell: 951-830-8117 Main: 951-358-7100 24-hr: 951-830-8117 dmayer@rivcocha.org</p> <p>RDMHS Alternate: MHOAC Duty Officer mhoac@rivcocha.org 951-830-8041 primary 951-712-3342 secondary</p>
<p>California Dept. of Public Health</p>	<p>CDPH Duty Officer: 916-328-3605 Fax: 916-445-5460 cdphdutyofficer@cdph.ca.gov 9163283605@usamobilty.net</p>
<p>EMS Authority</p>	<p>EMSA Duty Officer Pager: 916-423-0911 EMSA dutyofficer@emsa.ca.gov</p>
<p>MACC– EMSA/CDPH DOC</p>	<p>MAIN: 916-650-6400 FAX: 916-341-3987 916-845-8911</p>
<p>CA OES Southern Regional Office 11200 Lexington Dr, Los Alamitos Ca.</p>	<p>Regional Administrator: Mona Bontty Office: (562) 795-2902 Cell: (562) 673- 0411 Mona.bontty@caloes.ca.gov Southern REOC Office: 562-795-2900;Fax: 562-795-2877</p>
<p>Southern REOC Medical Health Branch Desk (Only active when REOC staffed)</p>	<p>M&H Branch Desk 562-795-2977 REOC Main 562-795-2900 MedicalandHealthBranchCoorSouthernREOC@oes.ca.gov</p>

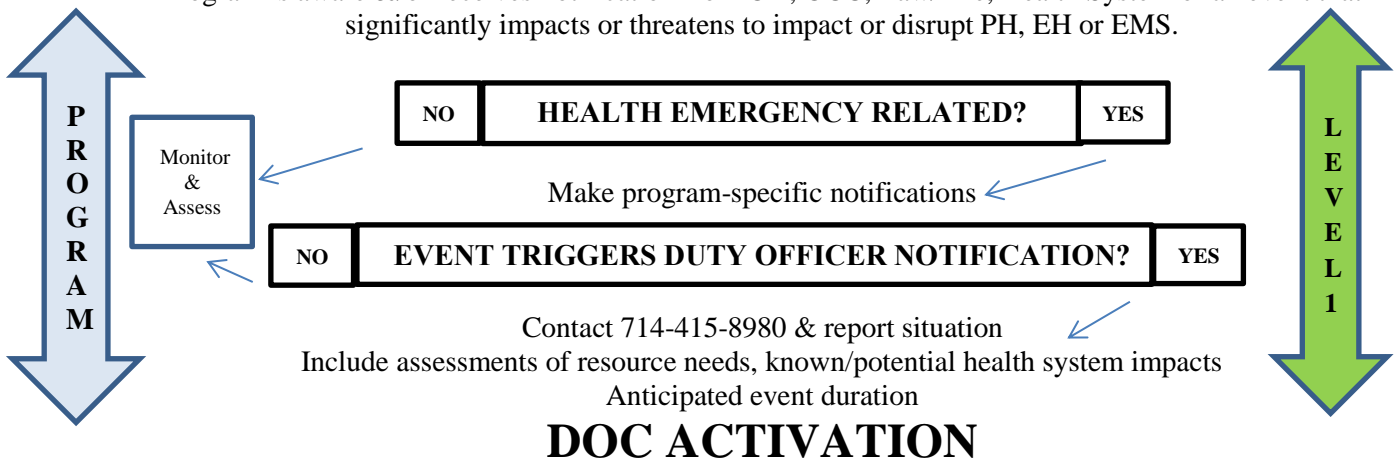
OES MUTUAL AID REGION 1 MHOAC & PHER PROGRAMS	
<p>MHOAC Program Los Angeles Co. 10100 Pioneer Blvd., Ste # 200 Santa Fe Springs, CA 90670</p> <p>24 HOUR MAC: 562-941-1037, Request AOD laemsadutyofficer@dhs.lacounty.gov</p>	<p><i>Cathy Chidester, RDMHC/MHOAC/EMS Administrator</i> Email: cchidester@dhs.lacounty.gov</p> <p>John Opalski, MHOAC Designee/Disaster Preparedness Coordinator Office: 562-347-1503 Cell: (562) 213-587-2947 Fax: 562-944-6931 Email: jopalski@dhs.lacounty.gov DHS/ EMS DOC Main: 562-347-1550 Email: laemsadutyofficer@dhs.lacounty.gov</p>
<p>PHEPR Program Los Angeles Co. 241 N. Figueroa St Los Angeles, CA 90012</p> <p>Public Health 24 Hour Duty Officer: 213-989-7140 phemergdesk@ph.lacounty.gov</p>	<p>Mike Contreras, PH Emergency Response Office: 213-250-8681 Email: micontreras@ph.lacounty.gov</p> <p>Public Health 24 Hour Duty Officer: 213-989-7140 Email: phemergdesk@ph.lacounty.gov Interim Health Officer: Jeffrey Gunzenhauser, MD MPH LHO Tele 213-989-7236 Email: jgunzenhauser@ph.lacounty.gov</p>
<p>MHOAC & PHEP Orange Co. 405 West Fifth Street, Suite 301A Santa Ana, CA 92701</p> <p>EMS Duty Officer: 714-415-8980 emsdutyofficer@ochca.com</p>	<p><i>Tammi McConnell, MHOAC/EMS Administrator</i> Office: 714-834-2791 Cell: 714-720-1514 Email: tmccConnell@ochca.com</p> <p>Mike DeLaby, MHOAC Designee/Asst EMS Administrator Office: 714-834-5032 Cell: 714-673-0729 OC OA EOC M&H Desk: 714-628-7610 Email: mdelaby@ochca.com Fax: 714-834-3125 EMS DOC: 714-288-6909 emsdocdirector@ochca.com or ocemsdoc@gmail.com HEOC: MHOAC Desk 714-560-6134 heocmhoac@ochca.com OCOA EOC H&M Branch Dir: 714-628-7129 eocmedical@ocsd.org Health Officer: Nichole Quick LHO Tele: 714-620-4913:</p>
<p>MHOAC & PHER San Luis Obispo</p> <p>San Luis Obispo EMS Agency 2156 Sierra Way San Luis Obispo, CA 93401</p> <p>24 HOUR: Sheriff's Watch Commander 805-781-4553 or 805-781-4563; Request Health Officer to access MHOAC SLO-MHOAC@co.slo.ca.us</p>	<p><i>Vince Pierucci, MHOAC/ EMS Division Director</i> email : vpierucci@co.slo.ca.us phone number: 805-788-2512 Cell: 661-932-6555</p> <p>Back Up from April 26-August 14, 2016 Kathy Collins (kcollins@co.slo.ca.us) Cell: 805-440-6680 Back Up from August 15, 2016 on: Elizabeth Merson (emerson@co.slo.ca.us) Cell: 805-440-2229</p> <p>SLO PH DOC: 805-781-5531 SLO OAEOC: 805-781-1268 <i>Penny Borenstein, MHOAC / County Health Officer</i> Office: 805-781-5519 Cell: 805-602-6268 Email: pborenstein@co.slo.ca.us</p>
<p>MHOAC & PHER Santa Barbara 300 North San Antonio Road Santa Barbara, CA 93110-1316</p> <p>24 HOUR:SB Sheriff Dispatch 805-692-5744 Request EMS Duty Chief MHOAC.SantaBarbara@sbcphd.org</p>	<p><i>John Eaglesham MHOAC/EMS Administrator</i> Office: 805-681-5394 Cell: 805-896-1083 Email: John.Eaglesham@sbcphd.org</p> <p>PH DOC 805-681-5195; EOC M&H: 805-696-1154 Sat:254-381-7500 Health Officer: Dr. Takashi Wada LHO: 805-681-5105 Cell: 805-319-0474 Takashi.Wada@sbcphd.org</p>
<p>MHOAC & PHER Ventura</p> <p>2220 East Gonzales Road, Ste. 130 Oxnard, CA 93036</p> <p>24 HOUR: 805-388-4279, Ask for EMS Agency Duty Officer or EMSAgencyDutyofficer@ventura.org</p>	<p>Steve Carroll, MHOAC/EMS Administrator Office: 805-981-5305 Cell: 805-207-9325 Pager: 805-671-0366 Email: steve.carroll@ventura.org</p> <p>Chris Rosa, Back-Up MHOAC/Deputy EMS Administrator Office: 805-981-5308 Cell: 805-617-5365 Pager: 805-230-4788 Email: chris.rosa@ventura.org Dan Wall, PH Emergency Preparedness Manager Office: 805-981-5307 Cell: 805-223-1030 Email: dan.wall@ventura.org EMS Office Fax: 805-981-5300 M&H DOC: 805-981-5096 EOC: 805-654-2551 Health Officer: Dr. Robert Levin LHO Tele: 805-981-5101 Email: robert.levin@ventura.org</p>

REGION I CITY PHER PROGRAMS	
<p>City of Long Beach 2525 Grand Ave. Long Beach , CA 90815</p> <p>24 HOUR: (562) 435-6711 PH DOC: HE-PHEM@longbeach.gov</p>	<p>Sandy Wedgeworth, PH Emergency Management Office: (562) 570-4376 Cell: (949) 307-0384 Email: sandy.wedgeworth@longbeach.gov</p> <p>Mauro Torno, M.D., Acting Health Officer Office: (562) 570-4330 Cell: (714) 822-1987 Email: mauro.torno@longbeach.gov 24 HOUR: (562) 435-6711 PH DOC: HE-PHEM@longbeach.gov</p>
<p>City of Pasadena 1848 N. Fair Oaks Ave. Pasadena, CA 91103</p>	<p>Adrienne Kung, PHEP Coordinator Office: (626) 744-6164 Cell: Email: Fax: (626) 798-2199 Ying-Ying Goh, MD, MSHS, Health Officer Office: 626-744-6103 Cell: 310-801-9284 Email: ygoh@cityofpasadena.net 24 HOUR: 626-784-6043</p>
ADDITIONAL PARTNERS: EM EOCs	
M&H DOCs/EOCs	LACo EOC 213-890-2102 LACo EMS DOC: 562-347-1550 or 1545 Riverside County: 951-358-7100/ RDMHS-VI Donna Mayer 951-830-8117 Duty officer: 951-830-8041 San Bernardino: Inyo County: 760-878-0383 Mono County: 760-932-7549 Imperial County: 760-791-7521 Clark County: 702-229-3810 Kern County: 661-321-3000 OAEOC: 805-861-3200 REGION II Duty Officer: 925-260-8226 REGION III: SJCo EMS Office:209-468-6818; DO Pager:209-234-5032 24 Hour:209-236-8339 REGION IV: 209-468-0252 REGION V: 661-363-3862; Pager: 661-307-1154 24 Hour: 661-868-4055 REDDINET Tech Support: 800.440.7808
<p>Dialysis Centers ESRD– Network 18. 6255 Sunset Boulevard, Suite 2211 Los Angeles, CA 90028</p>	Shean Strong MBA Southern California Renal Disease Council, Inc MAIN: 323-962-2020 FAX: 323-962-2891 sstrong@nw18.esrd.net www.esrdnetwork18.org
<p>CHA Hospital Preparedness Coordinator</p>	VACANT (Region VI & Orange; excluding San Diego & Imperial) Ryan Burgess (Region I excluding Orange & Region V) Cell: 805-320-5809 rburgess@calhospital.org
SITREP AND/OR RESOURCE REQUEST SUBMISSION	
Send simultaneously to M&H BRANCH / EMSA & CDPH Duty Officers via email: medicalandhealthbranchcoor-southernreoc@oes.ca.gov cdphdutyofficer@cdph.ca.gov emsadutyofficer@emsa.ca.gov	

Appendix E: MHOAC Algorithm

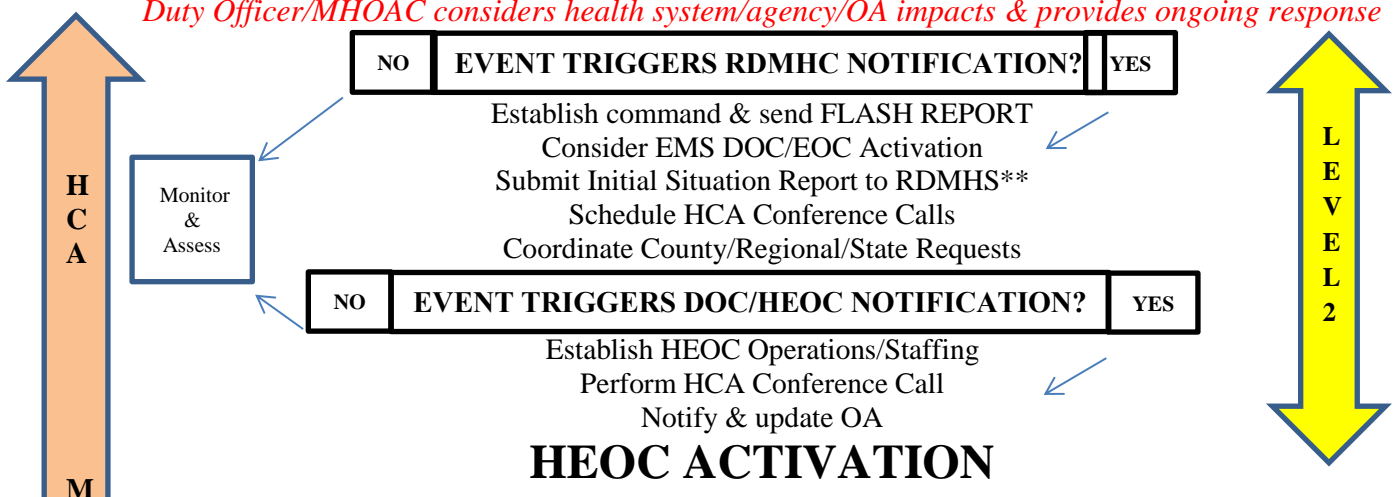
EVENT

Program is aware &/or receives notification from OA, OCC, Law/Fire, Health System of an event that significantly impacts or threatens to impact or disrupt PH, EH or EMS.

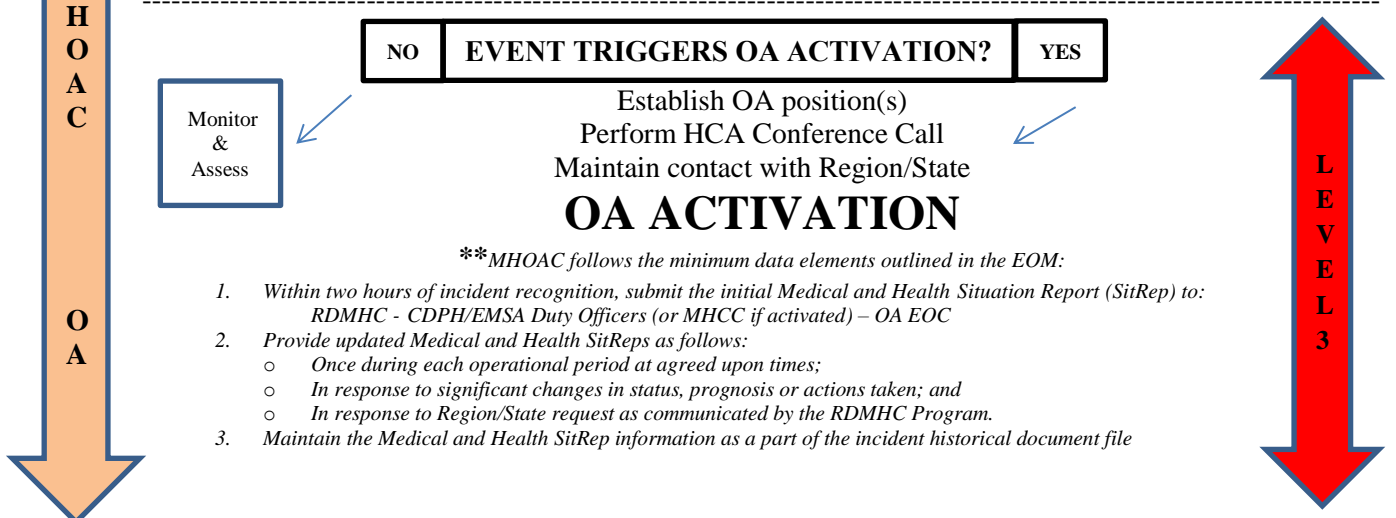


DOC ACTIVATION

Duty Officer/MHOAC considers health system/agency/OA impacts & provides ongoing response



HEOC ACTIVATION



OA ACTIVATION

**MHOAC follows the minimum data elements outlined in the EOM:

1. Within two hours of incident recognition, submit the initial Medical and Health Situation Report (SitRep) to:
 RDMHC - CDPH/EMSA Duty Officers (or MHCC if activated) – OA EOC
2. Provide updated Medical and Health SitReps as follows:
 - o Once during each operational period at agreed upon times;
 - o In response to significant changes in status, prognosis or actions taken; and
 - o In response to Region/State request as communicated by the RDMHC Program.
3. Maintain the Medical and Health SitRep information as a part of the incident historical document file

Appendix F: Resource Request Form

Located: \\ochca.com\hccashares\EMS\EMS\Disaster_DOC_Communications_HPP\EMS_DOC\MHOAC_files

County of Orange - Health Care Resource Request				ICS-213 RR HCA (10/2011)	
Provider / Facility Name:		Date/Time:		Has your organization / Facility exhausted all other available resources?	
Provider / Facility Delivery Address:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
PLACE ORDER Instructions: Complete all unshaded areas. Document may be submitted via email at emsdoclogis@ochca.com , or via fax at (714) 834-3355					
Requestor	Qty.	General Description	Detailed item description (Vital characteristics, brand, specs, experience, etc. & if applicable describe purpose/use, attach diagrams, & other descriptive info)	ETA	Source
	200	Sample Item	Medium and Large "Sample Items" are needed. ABC brand is preferable, but will accept other generic brand.		
Requested by Name/Position:		Phone:		OCHCA Logistics Approval: Date/Time:	

Appendix F: Supplemental Health and Medical Branch Director Checklist

Supplemental Health & Medical Branch Director Checklist

The supplemental checklist below was created by the Health Care Agency's Health Disaster Management Division to augment the OA position checklist for the Health & Medical Branch Director. This checklist is designed to be a reminder and prompt to take certain actions in effort to provide closer communication from HEOC to Health and Medical Branch to the HCA Policy Representative.

- Get a briefing from outgoing person you are replacing. Make sure you understand all ongoing and outstanding issues.
- Get a briefing from the Operations Chief; HCA Policy
- Read the boards
- Monitor your inbox basket at the end of the table for new information, updates, and requests.
- IDENTIFY YOUR PRIMARY LIAISON AT THE HEOC, EMS DOC, OA POLICY REP and advise of your contact information. Request acknowledgement of receipt and phone if none is received.
- Ask the HEOC if there are anticipated or possible needs for the next 24 to 48 hours so this information can be provided to the OA Planning and Intel Chief, when asked.
- Ask the HEOC for an Agency building and infrastructure damage report with estimated damage costs. This information should go to the OA Planning and Intel Chief and OA Finance Chief.
- Ask the HEOC for a report on the ongoing costs to HCA for the response and other disaster related actions taken. This must be done every operational period and be provided to the OA Finance Chief.
- Ask the HEOC Manager to "push" new or relevant information at regular intervals to provide you and the HCA Policy rep. the most up to date information.
- Provide regular updates that include new pertinent information, issues, and general status to the HEOC Liaison, EMS DOC Director, and EOC HCA positions. Also print two copies of the updates and provide one to the Operations Chief and one to the HCA Policy rep. in the Command Center.
- Notify the HEOC Liaison when you learn when the next OA briefing will be conducted so the HEOC can collect the most up to date information for you to provide.
- Introduce yourself to the Care and Shelter Branch Director and the American Red Cross representative.
- When sending a, important message or resource request, whether it be paper or email based, walk and speak to the intended recipient to ensure the message or request was received and understood.

Important Email Addresses:

EOCHCA@ocsd.org (HCA Policy Rep. in Command Center)

HEOCManager@ochca.com;

EMSDOCDirector@ochca.com

Appendix G: CalOES Mutual Aid Regions; 1997 Inter County Agreement

The California Public Health & Medical Emergency Operations Manual provides the operational framework to strengthen the ability of the Public Health & Medical System to rapidly & effectively respond to emergencies. Health & Safety Code §1797.150 et seq. provides the authority for statewide, regional & local coordination of medical/health disaster resources.

- Six mutual aid regions have been established for the effective coordination of mutual aid
- California Governor’s Office of Emergency Services (CalOES) divided California into three Administrative Regions (Coastal, Inland & Southern) which function through respective Regional Emergency Operations Centers (REOCs) during emergencies
- **Orange County is located in Southern Administrative Region & Mutual Aid Region I**

Administrative Region	Mutual Aid Region
Coastal	Mutual Aid Region II
Inland	Mutual Aid Regions III, IV, V
Southern	Mutual Aid Regions I & VI

Region I Counties: Los Angeles, Orange, Santa Barbara, San Luis Obispo, Ventura
 Region VI Counties: San Diego, Riverside, San Bernardino, Inyo, Mono, Imperial



Map: California Office of Emergency Services (OES) Mutual Aid Regions – Medical & Health Coordination

In 1997, an Inter County Cooperative Agreement for Emergency Medical and Health Disaster Assistance was executed between the Counties of the State Office of Emergency Services (OES) Mutual Aid Regions I & VI. This agreement establishes mutual aid terms amongst Region I & VI counties in the event of a medical/health calamity producing mass casualties that overwhelm local ability to contain & control (Y:\Disaster, DOC, Communications, HPP\EMS DOC\Library\Inter Region Cooperative Agreement for Emergency Medical & Health Disaster).

Appendix H: Medical & Health Situation Report (SitRep)



MEDICAL and HEALTH SITUATION REPORT (SITREP)

PEN & PAPER VERSION SECTION 1

ITEMS A – P ARE MINIMUMLY REQUIRED ON ALL REPORTS

A. Report Type	
<input type="checkbox"/> INITIAL	<input type="checkbox"/> UPDATE#
	<input type="checkbox"/> FINAL

B. Report Status
<input type="checkbox"/> 1. Advisory: No Action Required
<input type="checkbox"/> 2. Alert: Action Required see "Critical Issues"

C. Report Creation Date/Time
1. Report Date and time: Date & Time

D. Incident/Event Information		
1. Mutual Aid Region Mutual Aid Region 1	2. Jurisdiction (OA): Orange County	3. Abrv: XOC
4. Incident/Event Name: Click here to enter text.	5. Incident Date and time: Date and time	
7. Incident Location Click here to enter text.	8. Incident City: Click here to enter text.	
9. Incident Type: Click here to enter text.	10. Estimated Population Affected: Click here to enter text.	
11. Public Health and Medical Incident Level: Choose an item.		

E. User Information
1. Report Creator Click here to enter text.
2. Position: Click here to enter text.
2a. Agency: Click here to enter text.
3. Phone: lick here to enter text.
4. Cell, Pager, Alt Phone: Click here to enter text.
5. Email: Click here to enter text.

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) Click here to enter text.

I. Current Priorities: ("NONE" or "Nothing to Report" is acceptable.) Click here to enter text.

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

PEN & PAPER VERSION SECTION 2
ITEMS A – P ARE MINIMUMLY 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:
[Click here to enter text.](#)

O. MH POC Telephone:
[Click here to enter text.](#)

P. MH POC Email:
[Click here to enter text.](#)

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: [Click here to enter text.](#)

R. Summary of Impact:		
1. Est. Population Affected (OA OEM Source):	#	No Report/Assessment
2. Fatalities (County Coroner Source):	#	No Report/Assessment
3. Injured - Immediate:	#	No Report/Assessment
4. Injured - Delay:	#	No Report/Assessment
5. Injured - Minor:	#	No Report/Assessment

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

PEN & PAPER VERSION SECTION 2 (Continued)

T. Medical and Health Coordination System Function Specific Status						(If other than green, provide brief comment)
Check box only if necessary						
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 checked="" 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	
21 Other – please describe in comments	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	

Additional Notes: Click here to enter text.

PEN & PAPER VERSION SECTION 3

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

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

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

3. Total IFC-DD: Intermediate Care Facilities: 1. IFC - Fully Functional 2. IFC - Not Functional 3. IFC - Partially Functional 4. IFC - Not Reporting	#	<input type="checkbox"/> <input type="checkbox"/> No Report/Assessment
	#	
	#	
	#	
	#	

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

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

PEN & PAPER VERSION SECTION 3

6. Total CLF Congregate Care Health Facilities: 1. CLF - Fully Functional 2. CLF - Not Functional 3. CLF - Partially Functional 4. CLF - Not Reporting	#	<input type="checkbox"/> <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"/> <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 Click here to enter text.			
2. Number Opened	# Click here to enter text.	3. Population Served:	#
4. Medical Support of Shelter	Choose an item.		
	Comments: Click here to enter text.		
5. Mobile Field Hospital	Choose an item.		
	Comments: Click here to enter text.		
6. Gov Auth. Alternate Care Sites	Choose an item.		
	Comments: Click here to enter text.		
7. Specialty Center	Choose an item.		
	Comments: Click here to enter text.		
8. Field Treatment Sites	Choose an item.		
	Comments: Click here to enter text.		

PEN & PAPER VERSION SECTION 4 (Continued)

9. Cooling Centers	Choose an item.			
Comments: Click here to enter text.				
10. Local Disaster Warehouse	Choose an item.			
Comments: Click here to enter text.				
11. PODS	Choose an item.			
Comments: Click here to enter text.				
12. Public Health Response Team	Choose an item.			
Comments; Click here to enter text.				
13. Warming Centers	Choose an item.			
Comments: Click here to enter text.				
14. Other (List)	Choose an item.			
Comments: –				

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

PEN & PAPER VERSION SECTION 5

Y. General and/or Additional Information (add anything here that does not appear elsewhere in this report) Click here to enter text.

END OF REPORT

Appendix I: Resource Request (Field to Operational Area)

Resource Request: Medical and Health FIELD/HCF² to Op Area		RMH (ver. 03/04/201)	
R E S T R I C T E D	1. Incident Name:	2a. DATE:	2b. TIME:
	3. Requestor Name, Agency, Position, Phone / Email:	2c. Requestor Tracking #: <small>(Assigned by Requesting Entity)</small>	
	4a. Describe Mission/Tasks:	4b. Delivery/Reporting/Staging Information:	
5. ATTACH ADDITIONAL ORDER SHEETS, IF <input type="checkbox"/> GENERAL: SUPPLY/EQUIPM <input type="checkbox"/> PERSONNEL <input type="checkbox"/> OTHER			
6. ORDER SUPPLY/EQUIPMENT/PERSONNEL REQUEST DETAILS			
I T E M #	Priority <small>(See Legend)</small>	EXPECTED EQUIPMENT/STAFF DURATION OF USE:	
	Quantity Requested	Expected Equipment/Staff Duration of Use:	
DETAILED SPECIFIC ITEM DESCRIPTION:			
Supplies/Equipment <small>(Rx: Drug Name, Dosage Form, UNIT OF USE PACK or Quantity, Prod Info Sheet, In-House PO, etc. Medical Supplies: Item name, Size, Brand, etc. General Supplies/Equipment: Food, Water, Generators)</small>			
Personnel <small>(Be specific: List Probable Duties, Required License, Specific Experience (ED/ICU/OR, Hospital/Clinical, etc.)</small>			
Other <small>(Mobile Field Hospital; Ambulance Strike Team; Alternate Care Supply Cache; Facility-Tent, Trailer, Size, etc.)</small>			
7. Requesting entity must confirm that these 3 requirements have been met prior to submission of request			
<input type="checkbox"/> Is the resource(s) being requested nearly exhausted or exhausted?			
<input type="checkbox"/> Entity is unable to obtain resources within a reasonable time frame (based upon priority level indicated) from vendors, contractors, MOU/MOA's, department, or corporate office providers?			
<input type="checkbox"/> Entity is unable to obtain resource from other non-traditional sources?			
8. COMMAND/MANAGEMENT REVIEW AND VERIFICATION <small>(SIGNATURE INDICATES VERIFICATION OF NEED AND REQUEST'S)</small>			
NAME:		POSITION:	
		SIGNATURE or equivalent	

² HCF = Health Care Facility

³ Priority: (E)mergent < 12 hours, (U)rgent > 12 hours or (S)ustainment

Resource Request: Medical and Health FIELD/HCF² to Op Area RMH (ver. 03/04/201)

R E S T R I C T E D C O M P L E T E	1. Incident Name:		2a. DATE:	2b. TIME:		
	3. Requestor Name, Agency, Position, Phone / Email:		2c. Requestor Tracking #: <small>(Assigned by Requesting Entity)</small>			
	4a. Describe Mission/Tasks:		4b. Delivery/Reporting/Staging Information:			
	5. ATTACH ADDITIONAL ORDER SHEETS, IF <input type="checkbox"/>		GENERAL: SUPPLY/EQUIPM <input type="checkbox"/>	PERSONNEL <input type="checkbox"/>	OTHER <input type="checkbox"/>	
6. ORDER SUPPLY/EQUIPMENT/PERSONNEL REQUEST DETAILS						
I T E M #	Priority <small>(See Table)</small>	DETAILED SPECIFIC ITEM DESCRIPTION:			Quantity Requested	Expected Equipment/ Staff Duration of Use:
		Supplies/Equipment <small>(Rx: Drug Name, Dosage Form, UNIT OF USE PACK or Quantity, Prod Info Sheet, In-House PD, etc. Medical Supplies: Item name, Size, Brand, etc. General Supplies/Equipment: Food, Water, Generators)</small>				
		Personnel <small>(Be specific: List Probable Duties, Required License, Specific Experience (ED/ICU/OR, Hospital/Clinical, etc.))</small>				
		Other <small>(Mobile Field Hospital; Ambulance Strike Team; Alternate Care Supply Cache; Facility-Tent, Trailer, Size, etc.)</small>				
R E V I E W	7. Requesting entity must confirm that these 3 requirements have been met prior to submission of request					
	<input type="checkbox"/> Is the resource(s) being requested nearly exhausted or exhausted?					
	<input type="checkbox"/> Entity is unable to obtain resources within a reasonable time frame (based upon priority level indicated) from vendors, contractors, MOU/MOA's, department, or corporate office providers?					
	<input type="checkbox"/> Entity is unable to obtain resource from other non-traditional sources?					
8. COMMAND/MANAGEMENT REVIEW AND VERIFICATION <small>(SIGNATURE INDICATES VERIFICATION OF NEED AND REQUESTS)</small>						
NAME:		POSITION:	SIGNATURE or equivalent			

² HCF = Health Care Facility

³ Priority: (E)mergent <12 hours, (U)rgent >12 hours or (S)ustainment

ORDER SHEET

6a. ORDER GENERAL: SUPPLY/EQUIPMENT REQUEST DETAILS							17. Logistics Section: Fulfillment <small>NOTE: To be completed by the Level/Entity that fills the request (DA 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>(Ea, Box, Cs, Pack)</small>	Items per Product Class	Quantity ² Requested	Expected Duration of Use:	Quantity			Tracking #	Estimated Time of Arrival <small>(Date & Time)</small>	COST
							Approved	Filled	Back-Ordered			
Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):							Deliver to/Report to POC (Name/Title/Location/Tel#/Email/Radio#)					

² QUANTITY: Number of individual pieces of equipment or boxes, cases, or packages of supplies needed . 08/04/2011
³ PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)

6b. ORDER **PERSONNEL REQUEST DETAILS**

PAID

NON-PAID

17. Logistics Section: Fulfillment

ITEM #	Priority ³	Personnel Type & Probable Duties Indicate required license types (see list below) RN, MD, EMT-I, Pharmacist, LVN, EMT-P, NP, DVM, PA, RCP, MFT, DDS, LCSW, etc.	Number Needed	Minimum Required Clinical Experience (1=current hospital, 2=current clinical, 3=current license, 4=clinical education)	Required Skills, Training, Certs (e.g., PALS, Current ICU experience, Languages, ICS training, Addtl Lic. i.e., PHN, etc.)	Preferred Skills, Training, Certs	Date/Time Required Indicate anticipated mobilization or duty date.	Anticipated Length of Service Indicate days or hours.	Quantity		Tracking # or DHV Mission Number
									Approved	Filled	

Additional Instructions: Deliver to/Report to POC (Name, Title, Location, Tele#, Email, Radio, etc.)

Staging & Deployment Details (Parking/staging location? Food/water provided? Housing Provided? Items personnel should bring? Etc.) Provide Additional on Separate Page, if needed.

ORDER SHEET

6c. ORDER OTHER 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 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 #	Estimated Time of Arrival <small>(Date & Time)</small>	COST
						Approved	Filled	Back- Ordered			
Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):						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)ustainment (RIMS: LOW)

Appendix J: Resource Request OA To Region/State

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

RR MH (ver08/04/2011)

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)	
	4a. Describe Mission/Tasks:		4b. Delivery/Reporting/Staging Information:		
	5. ORDER SHEETS - USE ATTACHED		<input type="checkbox"/> 6a. SUPPLIES/EQUIPMENT	<input type="checkbox"/> 6b. PERSONNEL	<input type="checkbox"/> 6c. OTHER:
M H O A C	7a. OA/MHOAC must confirm that the verification questions in the PH&M EOM have been reviewed and answered.		7b. MHOAC/OA EOC Contact Information: (Tele #, E-Mail, FAX, etc.)		
	<input type="checkbox"/> This request meets the submission criteria as stated in the PH&M EOM.				
	<input type="checkbox"/> The creation of this request was in consultation with the RDMHC Program.		8. MHOAC/OA EOC Review: (NAME, POSITION, AND SIGNATURE) [SIGNING INDICATES: 1) THE NEED HAS BEEN VERIFIED; 2) RESOURCES ARE NOT AVAILABLE AT THIS LEVEL; and, 3) THE REQUEST IS COMPLETE]		
NAME:		POSITION:	SIGNATURE:	9. Describing the actions taken on this request so far.	
L O G I S T I C S	NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).		12. Resource Tracking:		
	10. Additional Order Fullfillment Information:		11. Likely Supplier Name/Phone/Email:		
	13. Notes:		14. ORDER FILLED AT (check box)		
F I N A N C E	15. Reply/Comments from Finance:		16. Finance Section Signature & Date/Time: (Name, Position & Verification)		

ORDER SHEET

6a. ORDER GENERAL: SUPPLY/EQUIPMENT REQUEST DETAILS						17. Logistics Section: Fulfillment <small>NOTE: To be completed by the Level/Entity that fills the request (DAECC, 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>(Ea, Box, Cs, Pack)</small>	Items per Product Class	Quantity ² Requested	Expected Duration of Use:	Quantity			Tracking #	Estimated Time of Arrival <small>(Date & Time)</small>	COST
							Approved	Filled	Back-Ordered			
Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):						Deliver to/Report to POC (Name/Title/Location/Tel#/Email/Radio#)						

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

6b. ORDER PERSONNEL REQUEST DETAILS								<input type="checkbox"/> PAID <input type="checkbox"/> NON-PAID		17. Logistics Section:Fulfillment	
ITEM #	Priority ³	Personnel Type & Probable Duties <small>Indicate required license types (see list below) RN, MD, EMT-I, Pharmacist, LVN, EMT-P, NP, DVM, PA, RCP, MFT, DDS, LCSW, etc.</small>	Number Needed	Minimum Required Clinical Experience <small>(1=current hospital, 2=current clinical, 3=current license, 4=clinical education)</small>	Required Skills, Training, Certs <small>(e.g., PALS, Current ICU experience, Languages, ICS training, Add'l Lic. i.e., PHN, etc.)</small>	Preferred Skills, Training, Certs	Date/Time Required <small>Indicate anticipated mobilization or duty date.</small>	Anticipated Length of Service <small>Indicate days or hours.</small>	Quantity		Tracking # or DHV Mission Number
									Approved	Filled	
Additional Instructions:							Deliver to/Report to POC (Name, Title, Location, Tele#, Email, Radio, etc.)				
Staging & Deployment Details (Parking/staging location? Food/water provided? Housing Provided? Items personnel should bring? Etc.) Provide Additional on Separate Page, if needed.											

³ PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW) *08/04/2011

ORDER SHEET

6c. ORDER OTHER REQUEST DETAILS						17. Logistics Section: Fulfillment					
						NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).					
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 #	Estimated Time of Arrival <small>(Date & Time)</small>	COST
						Approved	Filled	Back- Ordered			
Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):						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)ustainment (RIMS: LOW)