San Joaquin Operational Area

Healthcare Coalition

Emergency Operations Plan

August 20, 2019

San Joaquin County Emergency Medical Services Agency
P.O. Box 220, French Camp, California 95231

Record of Changes

Date	Changes	By
8/20/19	Updated Appendix 3.3 Hazard and Vulnerability Analysis (HVA)	Emergency Preparedness Committee

San Joaquin Operational Area
Healthcare Coalition Emergency Operations Plan

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1. Introduction

The threat of Multi Casualty Incidents (MCIs) and a patient surge is always present for the healthcare delivery system. For many hospital emergency departments, these conditions occur as part of normal day-to-day operations. Preparing healthcare facilities, providers and partners to prevent, respond to, and rapidly recover from these threats, are critical for protecting and securing our medical and health infrastructure.

The 2013 Boston Marathon Bombing, 2012 Hurricane Sandy and the 2009 H1N1 influenza pandemic all highlight the importance for hospitals and healthcare systems to be prepared to respond effectively to a variety of potential threats. The U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response (ASPR) and the California Department of Public Health (CDPH) has provided local healthcare system preparedness funding through the Hospital Preparedness Program (HPP). In November 2016, ASPR released the 2017-2022 Healthcare Preparedness and Response Capabilities[1]:

Capability 1: Foundation for Health Care and Medical Readiness
Goal of Capability 1: The community's healthcare organizations and other stakeholders—coordinated through a sustainable HCC—have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

Capability 2: Health Care and Medical Response Coordination
Goal of Capability 2: Health care organizations, the HCC, their jurisdiction(s), and the ESF-8 lead agency[2] plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

Capability 3: Continuity of Health Care Service Delivery
Goal of Capability 3: Health care organizations, with support from the HCC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.

Capability 4: Medical Surge
Goal of Capability 4: Health care organizations—including hospitals, EMS, and out-of-hospital providers—deliver timely and efficient care to their

[1] https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pdf

[2] San Joaquin County Emergency Medical Services Agency

patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the healthcare delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

Healthcare system preparedness is the ability of a community's healthcare system to prepare, respond, and recover from incidents that have a public health and medical impact in the short and long term. The healthcare system role in community preparedness involves coordination with healthcare providers, public health, emergency management, community partners, and local, State and Federal governments to do the following:

- Provide and sustain a scalable and flexible response during disasters
- Provide timely and relevant information on the status of an incident and the condition of the healthcare system to key stakeholders
- Coordinate and manage the allocation of resources

Even though hospitals and other healthcare providers are competitors on a normal basis, they must work together during disasters to increase the survivability of victims. The healthcare coalition model is built on the premise that the "whole is greater than the sum of its parts." Only through the synergy created with a healthcare coalition can the four healthcare preparedness capabilities be attained, improved, and successfully implemented.

1.1. Purpose

The purpose the San Joaquin Operational Area Healthcare Coalition Emergency Operations Plan (EOP) is to provide general guidance for preparation, response, and recovery to all hazards events that threaten the healthcare system that result in illness or injury to the population within the San Joaquin Operational Area and the healthcare system.

1.2. Scope

The San Joaquin Operational Area Healthcare Coalition Emergency Operations Plan (EOP) encompasses all participating healthcare facilities, providers, public and private medical and health agencies/organizations, public safety agencies, non-government agencies, and other community partners operating within the geographic boundaries of San Joaquin County.

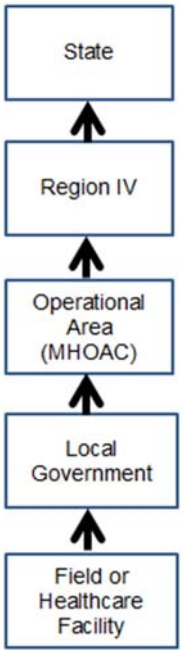
1.3. Authority

This EOP document is issued under the authority of the San Joaquin County Emergency Medical Services Agency Administrator, who serves as the Medical

Health Operational Area Coordinator (*California Health and Safety Code, Division 2.5, Article 4, Section 1797.153).* Additionally, the San Joaquin County Board of Supervisors has authorized San Joaquin County Emergency Medical Services Agency Administrator to enter into agreements and memorandums of understanding with participating healthcare facilities and providers (*Board Order B-13-341*).

1.4. Situation and Assumptions

- The San Joaquin Operational Area Healthcare Coalition Governance[3] is the foundational document for the coalition.
- A coalition member organization can be affected by an internal or external emergency situation that impacts operations up to and including the need for a facility to evacuate.
- Impacted coalition member organizations will activate their emergency operations plan and staff their facility operations or command center.
- Resource requests will comply with the California Standardized Emergency Management System (SEMS)[4]. Local resources will be used first, and then Operational Area resources, followed by Regional, State, and if necessary Federal resource requests. State and Federal resources may not be available for 72-96 hours.
- Impacted coalition member organizations will communicate their medical and health resources needs to the Medical Health Operational Area Coordinator (MHOAC)[5] and their non-medical needs to their jurisdictional Emergency Operations Center (EOC), e.g., City EOC.



- Impacted coalition member organizations report their status to the MHOAC whenever they activate any element of their Emergency Operations Plan (EOP), and will assumed to be able to manage the incident on their own, and will exhaust their own resources before asking for outside assistance.
- Impacted coalition member organizations will take internal steps to increase patient capacity and implement surge plans before requesting outside assistance.

[3] https://www.sjgov.org/ems/coalition.htm
[4] http://www.caloes.ca.gov/PlanningPreparednessSite/Documents/12%20SEMS%20Guidelines%20Complete.pdf
[5] https://www.sjgov.org/ems/medicalhealthmutualaid.htm

- Processes and procedures outlined in this plan are designed to support and not supplant individual healthcare organization emergency response efforts.

- The use of National Incident Management System (NIMS)[6] consistent processes and procedures by the coalition members will promote integration with public sector response efforts.

- Except in unusual circumstances, individual private coalition member organizations retain their respective decision-making sovereignty during emergencies.

- This plan is based on certain assumptions about the existence of specific resources and capabilities that are subject to change. Flexibility is therefore built into this plan. Some variations in the implementation of the concepts identified in this plan may be necessary to protect the health and safety of patients, healthcare facilities, and staff.

2. Concept of Operations

2.1. Introduction

The process outlined below describes the basic flow of a response to disaster and emergency situations with the steps and the activities that may need to be accomplished. Not all steps and activities will apply to all hazards.

2.2. Role of the Coalition in Events

2.2.1. Member Roles and Responsibilities

- Promote a common operating picture through the timely sharing of information, as outlined in Section 2.3.5.3.

- Manage all incident responses in accordance with the National Incident Management System (NIMS) and the Incident Command System (ICS).

- Provide critical services, e.g., patient care.

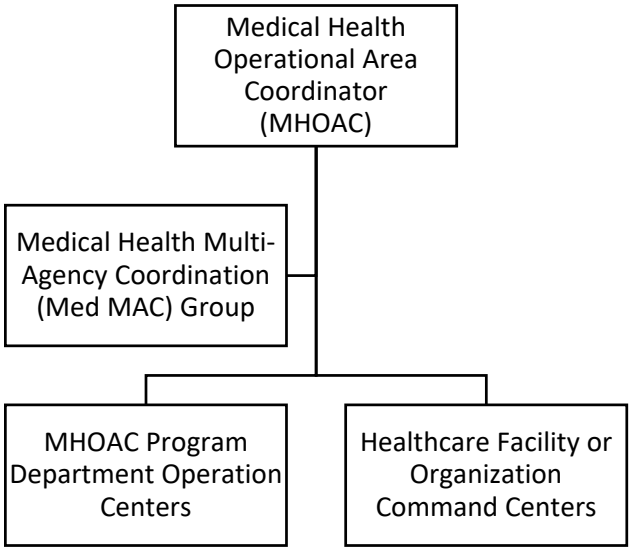
- Participate, as needed, in the San Joaquin Operational Area Medical Health Multi Agency Coordination (Med MAC)[7] Group meetings.

[6] https://www.fema.gov/national-incident-management-system

[7] https://www.sjgov.org/ems/PDF/AppendixA.pdf

- Share available resources with impacted coalition member organizations, e.g., supplies, equipment and/or personnel.
- Support healthcare evacuation activities, e.g., report bed availability.
- Support healthcare Shelter-in-Place activities.
- Develop, maintain, and implement Emergency Operations Plans.
- Develop, maintain, and implement Continuity of Operations Plans.
- Participate in coalition preparedness exercises.

2.2.2. Coalition Response Organizational Structure



2.3. Response Operations

2.3.1. Incident Recognition

Incidents or events that warrant the activation of this plan include:

- The evacuation of a healthcare facility.
- A healthcare facility status change to Non-Functional.
- A healthcare facility status change to Partially Functional, for greater than 24 hours, due to an unmitigated cause.
- 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 Operational Area, including those resources available through existing agreements (day-to-day agreements, memoranda of understanding, or other emergency assistance agreements)
- In the professional judgement of the Medical Health Operational Area Coordinator (MHOAC), or designee, that activation of this plan would aid in the support, coordination, and/or mitigation of the incident.

2.3.2. Activation

The Incident Commander from any healthcare coalition member organization can activate this plan by contacting the San Joaquin County Emergency Medical Services Agency Duty Officer (Medical Health Operational Area Coordinator).

2.3.3. Notification

The Emergency Medical Services Agency Duty Officer is available on a 24/7 basis as the Medical Health Operational Area Coordinator.

- Normal Business Hours
    i. Office (209) 468-6818
    ii. Email emsdutyofficer@sjgov.org
- After Hours
    i. Duty Officer Pager (209) 234-5032 or 2092345032@page.metrocall.com
    ii. Dispatch (209) 236-8339

2.3.4. Mobilization

Upon activation of this plan the Department Operation Center (DOC) for San Joaquin County Emergency Medical Services Agency will be activated. In addition, the Medical Health Multi-Agency Coordination (Med MAC) Group will be notified and if needed, a Med MAC meeting and/or conference call will be arranged.

2.3.5. Incident Operations

2.3.5.1. Initial Actions

- Alert and notifications

1) Establishing points of contact with jurisdictional authorities and other entities involved in the response for the particular incident.

- Activate the Healthcare Coalition EOP
- Collect, analyze and disseminate incident information with coalition members and other partner agencies and organizations as needed.
- Establish the necessary incident management structure to meet incident objectives.

2.3.5.2. Ongoing Actions

Impacted coalition member organizations activate their Emergency Operation Plans (EOP) to management and mitigate the incident and share real-time information with the other coalition members, via WebEOC and/or other applicable information sharing systems.

2.3.5.3. Information Sharing and Communications

Information sharing between healthcare coalition members is necessary for maintaining a common operating picture of the healthcare system. Information sharing consists of gathering, collating, consolidating, and disseminating incident information to all appropriate parties. Achieving a common operating picture allows the on-scene and off-scene personnel, such as those at an Incident Command Post, Hospital Command Center (HCC), Emergency Operations Center (EOC), Department Operations Center (DOC) or within the Medical Health Multi-Agency Coordination (Med MAC) Group to have the same information about an incident, including the availability and location of resources and the status of assistance requests. It helps to ensure consistency for all policy makers, emergency managers, and response personnel engaged in an incident. Simply put, the goal of information sharing is to get the right information to the right people at the right time.

Information sharing is both horizontal and vertical:

- Horizontal – Share information across disciplines (among public and private agencies and organizations) at all levels and across jurisdictions.
- Vertical - Share information vertically (up and down from between the field level and the state) with appropriate agencies.

2.3.5.3.1. Information Sharing Activations and Triggers

Healthcare Coalition members will share information horizontally with the Medical Health Operational Area Coordinator (MHOAC) whenever one or more of the following conditions exist:

- Activation of any element or annex of the agency's or organization's Emergency Operations Plan
- Activation of the agency's or organization's emergency management facility: Emergency Operations Center (EOC), Department Operations Center (DOC), Hospital Command Center (HCC), Clinic Command Center (CCC), etc.
- The occurrence of an "Unusual Event" as defined by the California Public Health and Medical Emergency Operations Manual (EOM)[8]

  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-limiting or a precursor to emergency system activation. The specific criteria for an unusual event include any of the following:

  1) The incident significantly impacts or is anticipated to impact public health or safety;
  2) The incident disrupts or is anticipated to disrupt the Public Health and Medical System;
  3) Resources are needed or anticipated to be needed beyond the capabilities of the Operational Area, including those resources available through existing agreements (day-to-day agreements, memoranda of understanding, or other emergency assistance agreements);
  4) The incident produces media attention or is politically sensitive;
  5) The incident leads to a Regional or State request for information; and/or

8 http://www.bepreparedcalifornia.ca.gov/CDPHPrograms/PublicHealthPrograms/EmergencyPreparednessOffice/EPOProgramsandServices/Documents/FinalEOM712011.pdf

6) Whenever increased information flow from the Operational Area to the State will assist in the management or mitigation of the incident's impact.

The Medical Health Operational Area Coordinator will share information vertically with the following, once aware of an unusual event occurrence within the Operational Area:

- Region IV Regional Disaster Medical Health Coordinator and Specialist
- California Department of Public Health and Emergency Medical Services Authority Duty Officers
- California Medical Health Coordination Center (MHCC), if activated

2.3.5.3.2. Information Sharing Modalities

There are six modalities or systems available for Healthcare Coalition members to use for horizontal and vertical information sharing:

- WebEOC[9]

  WebEOC is a secured web-based emergency management and information sharing platform for authorized agencies and organizations within the San Joaquin Operational Area.

  Real-time information is entered and displayed electronically through a series of boards, activity logs, maps and file library. Five medical and health specific boards are available to Healthcare Coalition members to use to communicate their status, both vertically and horizontally. As a web-based system, WebEOC works with any device with internet access, e.g., desktop computer, tablet, laptop, or smart phone.

  The five medical and health WebEOC Boards:

  1) Hospital Status Report (See Appendix 3.4)
  2) Clinic Status Report (See Appendix 3.5)
  3) Behavioral Health Facility Status Report (See Appendix 3.6)
  4) Long Term Care Facility Status Report (See Appendix 3.7)

[9] https://www.sjgov.org/ems/webeocinfo.htm

5) San Joaquin Medical/Health Interagency Situation Report (See Appendix 3.8)

For more information about WebEOC and/or to request a user account, go to http://sjgov.org/ems/WebEOCInfo.htm.

- EMResource[10]

  EMResource is a web-based system used on a daily basis to poll hospital Emergency Departments to determine how many patients, by START Triage category, are capable of receiving and providing care for during Multi-Casualty Incidents (MCIs).

  All receiving hospitals in San Joaquin County are required to utilize the EMResource to continually maintain the hospital's current emergency department status using the following categories:

  1) Open: Open to all patients.
  2) Advisory: Full hospital services not available based on one or more of the following:
     - Computerized Tomography (CT) unavailable;
     - Contact Control Facility (CF) for major trauma patient destination;
     - Main power outage using auxiliary power;
     - STEMI services unavailable;
  3) Internal Disaster: Closed to all patients based on one or more of the following:
     - On Campus fire or explosion;
     - On Campus security threat, i.e. assailant, active shooter, bomb threat;
     - Damaged infrastructure, i.e. building collapse or potential building collapse;
     - Hazardous material incident – sheltering in place;
     - Loss of main and auxiliary power;

[10] https://emresource.juvare.com/login

- Loss of water supply;
- Other event requiring hospital evacuation;
- Other event requiring sheltering in place.

(See EMS Policy No. 4981 Receiving Hospital Status) https://www.sjgov.org/ems/PDF/Policies/4981_ReceivingHospitalStatus(1-1-16).pdf

Additionally, EMResource is used to poll hospital inpatient bed availability during disasters, in compliance with the Federal Hospital Available Beds for Emergencies and Disasters (HAvBED) standard

(See Appendix 3.10)

HAvBED Data instructional video is available at https://www.sjgov.org/ems/videos/EnterHAvBED_Data_intoEMResource.mp4)

EMResource can also be used to collect healthcare facility status and medical/health interagency situation reports, as a back-up if WebEOC is down. The same five reports available in WebEOC are also available in EMResource:

1) Hospital Status Report
2) Clinic Status Report
3) Behavioral Health Facility Status Report
4) Long Term Care Facility Status Report
5) San Joaquin Medical/Health Interagency Situation Report

(See Appendix 3.9)

- California Health Alert Network (CAHAN)[11]

  The State of California's web-based information and communications system is available on a 24/7/365 basis for distribution of health alerts, dissemination of prevention guidelines, coordination of disease investigation efforts, preparedness planning, and other initiatives that strengthen state and local

[11] https://member.everbridge.net/index/892807736722952#/overview

preparedness. CAHAN participants have the ability to receive alerts and notifications via alphanumeric pager, e-mail, fax, and phone (cellular and landline).

CAHAN is used by Healthcare Coalition members for the following:

1) Notification of Med MAC conference calls and/or meetings
2) Secured information sharing

To request a CAHAN user account, email your request to sjc-cahan@sjcphs.org.

- California Medical and Health Situation Report

  This report is used by the Medical Health Operational Area Coordinator (MHOAC) to share information vertically with:

  1) California Medical Health Coordination Center (MHCC), if activated
  2) California Department of Public Health and Emergency Medical Services Authority Duty Officers
  3) Region IV Regional Disaster Medical Health Coordinator and Specialist

  The report is also used by the MHOAC to share information horizontally with Healthcare Coalition members via WebEOC, email, and/or CAHAN (See Appendix 3.11).

- Amateur Radio

  Healthcare coalition members can use amateur radio to communicate with the Medical Health Operational Area Coordinator (MHOAC) and each other when all other forms of communications and information sharing fail.

  (See Appendix 3.12 and 3.13)

  Radio operator Just-in-Time training resources are available at https://www.sjgov.org/ems/emergencypreparedness.htm#EmergencyPrepTng)

- Med Net Radio

  The Med Net radio system is used for field to receiving hospital communications, Base Hospital Physician orders, and patient destinations during Multi-Casualty Incidents (MCIs).

  See the following EMS Policies for details:

  1) No. 3410 ALS Field to Hospital Communications https://www.sjgov.org/ems/PDF/Policies/3410-ALSFieldtoHospitalCommunication.pdf
  2) No. 3411 ALS Radio Report Format https://www.sjgov.org/ems/PDF/Policies/3411-ALSRadioReportFormat.pdf

  There are eight UHF Med Net channels used in San Joaquin County, each assigned to a specific receiving hospital:

  Med 1: San Joaquin General Hospital
  Med 2: San Joaquin General Hospital
  Med 3: Kaiser Hospital Manteca
  Med 4: Sutter Tracy Community Hospital
  Med 5: Doctor's Hospital of Manteca
  Med 6: Adventist Lodi Memorial Hospital
  Med 7: Dameron Hospital
  Med 8: St. Joseph's Medical Center

  San Joaquin General Hospital serves as the Base Hospital and Disaster Control Facility, and uses channels 1 and 2 for countywide radio coverage.

  (See Appendix 3.14)

2.3.5.4. Resource Coordination

All medical and health mutual aid resource requests will be coordinated through the Medical Health Operational Area Coordinator (MHOAC), or designee.

Resource sharing between signatories to the Healthcare Coalition Memorandum of Understanding (MOU)[12] will be coordinated

[12] https://www.sjgov.org/ems/PDF/AppendixC.pdf

between organization Incident Commanders, in accordance with the MOU.

2.3.5.5. Patient Tracking

Patient tracking from a Multi-Casualty Incident will be conducted by the Disaster Control Facility, in accordance with the Region IV MCI Plan.

Patient tracking during hospital or long term care facility evacuation will be tracked in WebEOC using the Hospital Evacuation board.

2.3.6. Demobilization

All activated functional units (Operations, Logistics, Finance, Command and General Staff) will advise the Planning Section of resources that are surplus to their sections/units. The Planning Section will identify resources surplus to the incident's needs and obtain approval from the Incident Commander for release. The Demobilization (Demob) Unit will develop a Demobilization Plan to manage the release, return or reassignment of all surplus resources. The Demob process requires close coordination between the Incident Demobilization Unit Leader and (Incident Dispatch Center(s) Location (See Appendix 3.15).

General Guidelines:

- NO resources will leave the incident until authorized to do so by the Incident Commander facilitated through the Demob Unit.
- All releases and travel home or to a reassignment will be in compliance with the National Work/Rest Guidelines (one hour of rest for every two hours in work status). Emphasis will be placed to ensure that all released personnel arrive home no later than 2200 hours local time or as authorized by the Incident Commander. Resources will have a minimum of at least 8 consecutive hours off duty before beginning a shift or demobilization.
- All vehicles used on the incident, when leaving the incident will have a safety inspection and deficiencies will be corrected prior to departure for home or reassignment.
- All personnel flying commercial airlines will be given time to shower and dress in clean clothes prior to departure. A photo I.D. and travel authorization number (if necessary) is required by all personnel. The Logistics Section will make all flight arrangements unless another process is agreed upon.
- Contractors/Operators of oversize vehicles (e.g. transports) are responsible for obtaining required permits for the return trip back to their point of hire.

- Actual departure times and estimated time of arrival (ETA) at final destination will be relayed to providing entity's point of contact upon departure of all resources from the base. This includes all contract equipment and services.

2.3.7. Recovery/Return to Pre-Disaster State

The effective recovery and reconstitution of the healthcare delivery system includes pre-incident planning and implementation of recovery processes that begin at the outset of a response. The healthcare coalition plays an important role in monitoring and facilitating the recovery processes of the healthcare delivery system disrupted by an emergency. These efforts are intended to promote an effective and efficient return to normal or, ideally, improved operations for the provision of and access to healthcare in the community.

The recovery actions for individual healthcare coalition member organizations include the following:

- Implementing Continuity of Operations Plans
    1) Prioritizing healthcare delivery recovery objectives by essential functions.
    2) Maintain, modify, and demobilize healthcare workforce according to the needs of the facility.
    3) Maintain and replenish pre-incident levels of medical and non-medical supplies.
- Share information with the Medical Health Operational Area Coordinator (MHOAC), in accordance with Section 2.3.5.3.
- Assess damaged infrastructure and impacted patient care services to restore functionality (See Appendix 3.17).
    1) Coordinate hospital repopulations with local government agencies, California Office of Statewide Health Planning and Development (OSHPD), California Department of Public Health (CDPH) Licensing and Certification (L&C) and State Board of Pharmacy (BOP) (See Appendix 3.18).
- Supporting the physical and behavioral health needs of affected patients, staff, and families.
- Identifying and preparing documentation necessary for government assistance.[13,14]

[13] https://www.sba.gov/funding-programs/disaster-assistance
[14] https://www.sba.gov/federal-contracting/contracting-guide/size-standards

The recovery actions for Medical Health Operational Area Coordinator (MHOAC) include the following:

- Coordinate Medical and Health Mutual Aid resource requests with the healthcare coalition, Operational Area, Region IV, California Medical Health Coordination Center (MHCC), and if necessary Federal agencies.
- Activate the Medical Health Multi-Agency Coordination Group (Med MAC) Plan[15].
- Activate the Operational Area Emergency Operations Center - Medical/Health Branch Plan[16], as needed.
- Work with local, state, and Federal partners to ensure timely reconstruction of critical medical/health related infrastructure.
    1) Advocate for coalition members to receive priority critical infrastructure restoration and reconstruction.
    2) Advocate for full restoration information technology and communication systems for coalition members.
- Deploy, track, and demobilize Disaster Healthcare Volunteers (DHV), as needed to supplement the workforce during the recovery phase (See Appendix 3.16).

2.4. Continuity of Operations

The continuity of operations activities for individual healthcare coalition member organizations includes the following:

- Implementing Continuity of Operations Plans
    1) Alert and notification of personnel
    2) Establish and maintain personnel accountability
    3) Implement lines of succession/delegation of authority, as needed
    4) Restore and maintain essential functions
    5) Relocate to backup or continuity facilities, including alternate care sites, as needed
    6) Activate backup communication systems, as needed
    7) Restore and/or manage vital records
    8) Transition back to normal operations

[15] https://www.sjgov.org/ems/PDF/AppendixA.pdf
[16] https://www.sjgov.org/ems/PDF/SJOA_MedHealthBranchPlanFinal12.23.14.pdf

2.4.1 Continuity of Operations Planning P

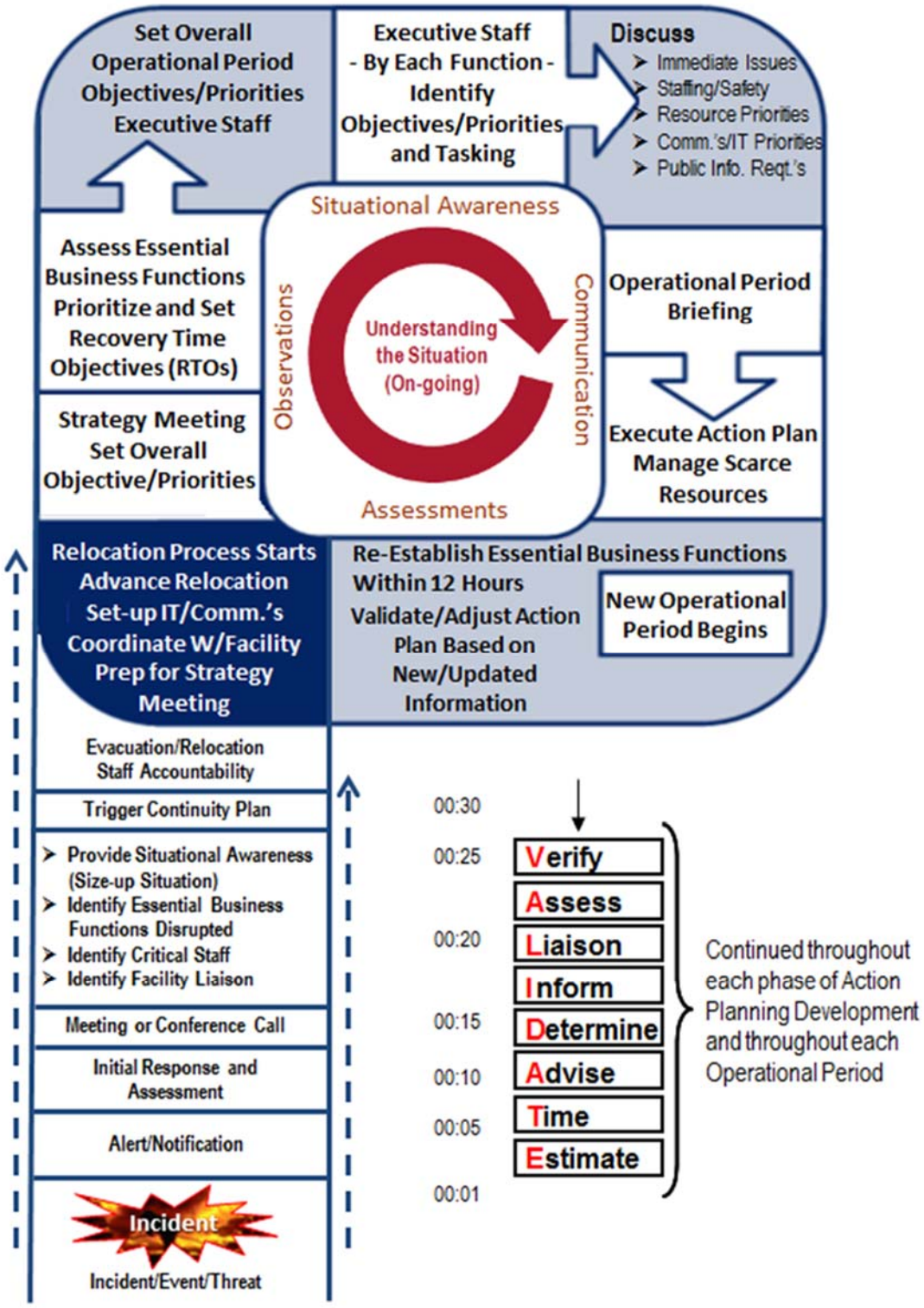


Figure 2.4

3. Appendixes

Appendix 3.1 Contact Information

I. Medical Health Operational Area Coordinator:

The San Joaquin County Medical Health Operational Area Coordinator (MHOAC)[17] position is filled by the San Joaquin County Emergency Medical Services Agency Administrator. The MHOAC or designee is available 24/7/365 through an on-call Duty Officer.

B. Normal Business Hours

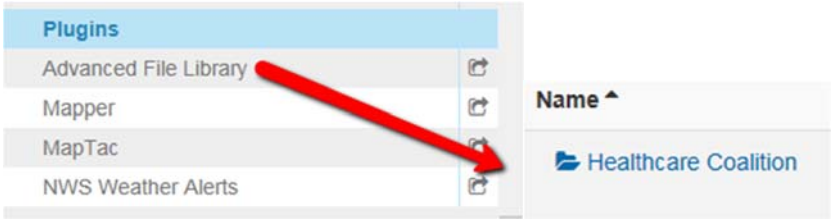
- Office (209) 468-6818
- Email emsdutyofficer@sjgov.org

C. After Hours

- Duty Officer Pager (209) 234-5032 or 2092345032@page.metrocall.com
- Dispatch (209) 236-8339

II. Medical Health Multi-Agency Coordination Group (Med MAC):

Med MAC members are executive level leaders that are fully authorized to act on behalf of their agency or organization. Med MAC membership is subject to change without notice and would be impractical to keep a hard copy document up to date as changes occur. Therefore the Med MAC membership contact information is maintained in the California Health Alert Network (CAHAN) system and the WebEOC Advanced File Library ➔ Healthcare Coalition folder ➔ Membership file.



III. MHOAC Program Agencies:

The following San Joaquin County agencies have jurisdictional and/or statutory authority for one or more of the 17 functions of the MHOAC[1] program:

1. San Joaquin County Behavioral Health Services

- Normal Business Hours 209-468-8686
- After Hours 209-468-9370

[17] California Code, Health and Safety Code §1797.153

2. San Joaquin County Environmental Health Department

    - Normal Business Hours 209-468-3420
    - After Hours 209-468-6000

3. San Joaquin County Public Health Services

    - Normal Business Hours 209-468-3411
    - After Hours 209-468-6000

IV. Other Healthcare Coalition County Agencies:

1. San Joaquin County Office of Emergency Services

    - Normal Business Hours 209-953-6200
    - After Hours 209-468-4400

V. Healthcare Coalition Organizations:

New coalition members are being added on a regular basis and would be impractical to keep a hard copy document up to date as changes occur. Therefore the remaining membership contact information is maintained in the WebEOC[18] Healthcare Coalition Membership Board, which is available in the EF-08 Public Health and Medical Menu Section.

Additionally, coalition member contact information is also available in the WebEOC Contacts List board

[18] https://www.sjgov.org/ems/webeocinfo.htm

Appendix 3.2 Healthcare Coalition Membership

Membership in the San Joaquin Operational Area Healthcare Coalition is open to all healthcare facilities, providers, public and private medical and health agencies/organizations, public safety agencies, non-government agencies, and other community partners operating within the geographic boundaries of San Joaquin County.

In accordance with the ASPR 2017-2022 Healthcare Preparedness and Response Capabilities[19], core coalition membership consists of the following organizations:

1. Hospitals
    a. Adventist Health Lodi Memorial Hospital
    b. Dameron Hospital
    c. Doctor's Hospital of Manteca
    d. Kaiser Hospital Manteca
    e. San Joaquin General Hospital
    f. St. Joseph's Medical Center
    g. Sutter Tracy Community Hospital

2. Emergency Medical Services
    a. San Joaquin County Emergency Medical Services Agency
    b. American Medical Response
    c. Manteca District Ambulance
    d. NORCAL Ambulance
    e. Protransport-1

3. Emergency Management Organizations
    a. San Joaquin County Office of Emergency Services

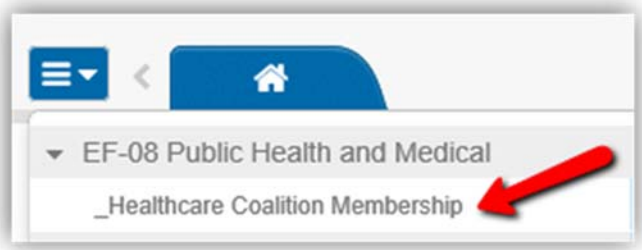
4. Public Health Agencies
    a. San Joaquin County Public Health Services

5. Additional coalition membership includes representation from:
    a. Behavioral Health
    b. Community and Occupational Clinics

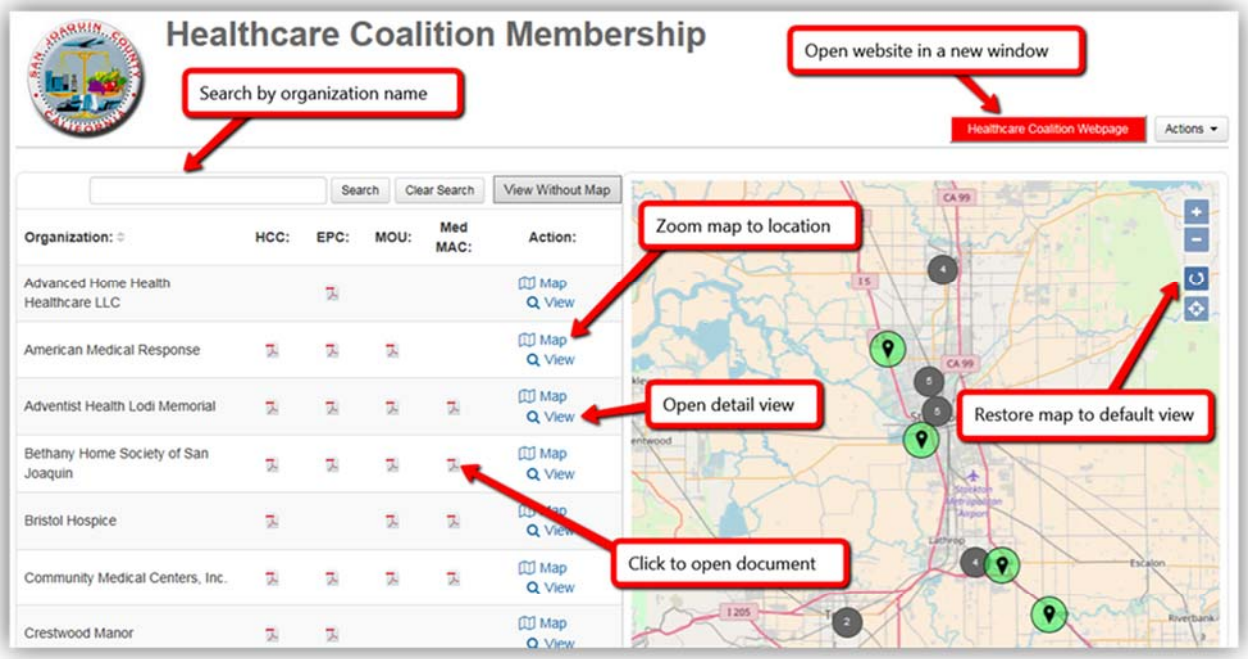
[19] https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pd

c. Environmental Health
d. Dialysis Centers
e. Home Health
f. Hospice
g. Long Term Care
h. Programs for All-Inclusive Care for the Elderly
i. Skilled Nursing Facilities
j. Surgery Centers
k. Others

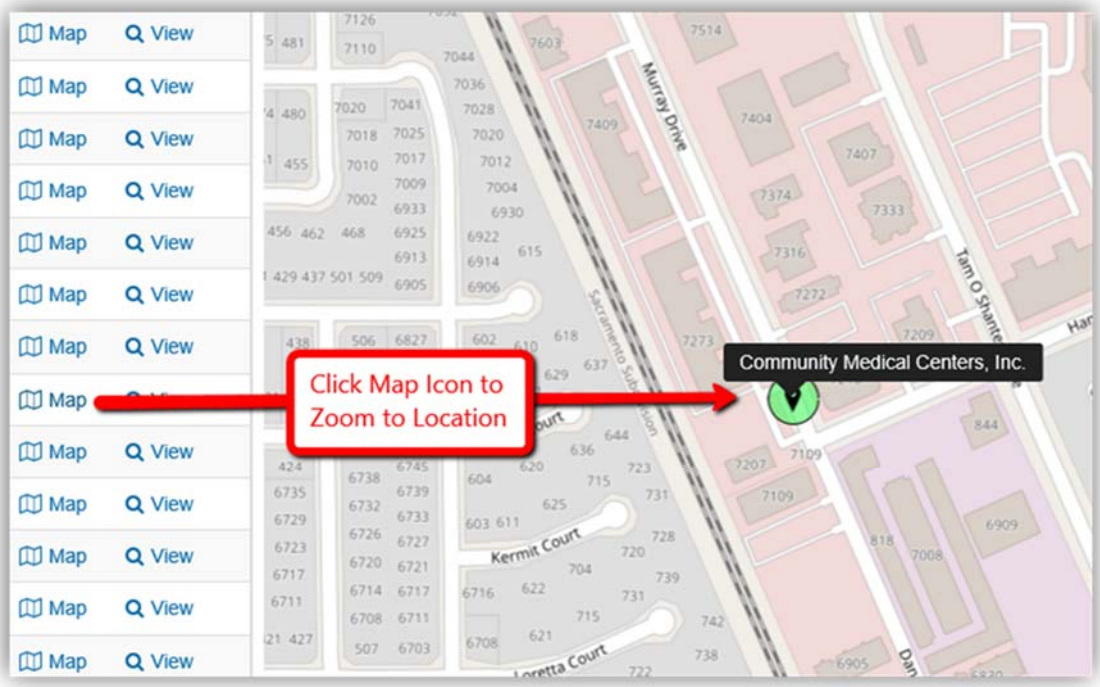
6. New members are being added to the coalitions on a regular basis, which makes it impractical to keep a hard copy document up to date as changes occur. Therefore the coalition membership information is maintained in the WebEOC[20] Healthcare Coalition Membership Board, which is available in the EF-08 Public Health and Medical Menu Section.



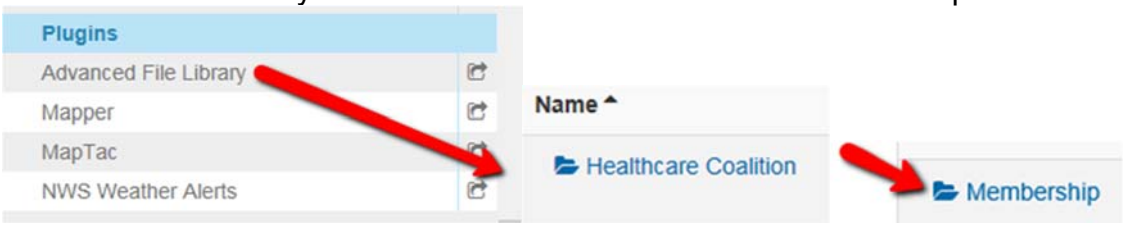
[20] https://www.sjgov.org/ems/webeocinfo.htm


Healthcare Coalition Membership
Search by organization name
Open website in a new window
Healthcare Coalition Webpage
Actions
Search
Clear Search
View Without Map
Organization:
HCC:
EPC:
MOU:
Med MAC:
Action:
Advanced Home Health Healthcare LLC
American Medical Response
Adventist Health Lodi Memorial
Bethany Home Society of San Joaquin
Bristol Hospice
Community Medical Centers, Inc.
Crestwood Manor
Map
View
Zoom map to location
Open detail view
Restore map to default view
Click to open document


Healthcare Coalition Member Information
Organization Name:
Adventist Health Lodi Memorial
Telephone Number:
209-334-3411
Address:
975 S. Fairmont Ave., Lodi, CA 95240
Healthcare Coalition Participation Agreement (HCC):
Emergency Preparedness Committee Agreement (EPC):
Memorandum of Understanding (MOU):
Med/Health Multi-Agency Coordination Group (Med MAC):
Click to Open Document



In addition, the current Med MAC membership list is available in the WebEOC Advanced File Library ➔ Healthcare Coalition folder ➔ Membership file.



Appendix 3.3 Hazard and Vulnerability Analysis (HVA)

TOP 10 MEDICAL & HEALTH HAZARDS - SAN JOAQUIN OPERATIONAL AREA HEALTHCARE COALITION

HAZARD	PROBABILITY*	HEALTH SEVERITY	HEALTH SYSTEM IMPACT			MITIGATION CAPACITY		*RISK SCORE*
			PUBLIC HEALTH	EMS/ HEALTHCARE	BEHAVIORAL/ MENTAL HEALTH	RESPONDER AGENCIES	COMMUNITY AGENCIES	
	Improbable: 0 Remote: 1 Occasional: 2 Probable: 3 Frequent: 4	NA: 0 Negligible: 1 Marginal: 2 Critical: 3 Catastrophic: 4	NA: 0 Negligible: 1 Marginal: 2 Critical: 3 Catastrophic: 4	NA: 0 Negligible: 1 Marginal: 2 Critical: 3 Catastrophic: 4	NA: 0 Negligible: 1 Marginal: 2 Critical: 3 Catastrophic: 4	NA: 0 Low: 1 Moderate: 2 High: 3 Extreme: 4	NA: 0 Low: 1 Moderate: 2 High: 3 Extreme: 4	
Pandemic Flu	3	4	3	3	3	3	2	**3.00**
Information Systems Failure	3.5	3	3	3	3	3	2	**2.63**
Civil Disturbance	4	3	1	3	3	3	1	**2.25**
Electrical Power Failure	3	4	3	4	2	3	3	**2.25**
Emergent Disease	2	3	3	3	3	2	2	**1.88**
Multi casualty incident	4	3	2	3	1	2.5	1	**1.88**
Haz Mat Incident-Transportation	3	3	2	3	3	3	2	**1.69**
Bay Area Earthquake	2	2	3	3	3	2	2	**1.25**
Haz Mat Incident-Fixed Facility	2	3	2	3	3	3	2	**1.13**
Unhealthy Air Quality	3	2	2	2	1	1	1	**1.13**

8/20/2019

Appendix 3.4 Hospital Status Report Instructions

INSTRUCTIONS

The Hospital Status Report is a tool to efficiently communicate your hospital's status, during disasters, to the Medical Health Operation Area Coordinator (MHOAC). Please submit a status report once the decision has been made to activate your Emergency Operations Plan, Command Center or in response to an unusual event.

1. Use this form to collect your hospital's status information
2. Log onto WebEOC https://webeoc.sjgov.org/eoc7
3. Enter your username and password
4. Select your position and incident from the drop down menu
5. Click on ***EF-08 Boards*** from the Menu Section of the Control Panel. (*Note: your computer must be setup to allow pop-ups from this site to be able to see the EF-08 Boards*)
6. Click on the "***Status of Hospital Facilities***" link
7. Click on the ***New Record*** button to create a new report, or click on the ***Update*** button to update an existing report
8. Complete your status report and click the ***Save*** button.

If you have any questions or need assistance completing this form, please page the EMS Agency Duty Officer at 209-234-5032.

Incident Overview	Instructions
#1	Enter the event type – **Real World** or **Exercise**
#2	Enter the complete **name** of your hospital
#3 & #4	Enter the **date** and **time** the report was completed
#5	Check if this is an **Initial, Revised** or **Final** Report
#6	Check the type(s) of incident that is occurring at your hospital
#7	Check if your situation is: **Worsening**, **No Change** (stable), or **Improving**
#8	Provide a brief description of the situation
#9	Check the applicable facility status: **Fully**, **Partially**, or **Not Functional**
#10 to #16	Enter the **name,** the **HICS position**, and **contact information** for the person who can answer questions regarding the information on this form.
#17 to #19	Check Yes or No, if the HCC has been activated and enter the telephone and fax numbers
Bed Status	**Enter your current and estimated future bed status**
#20 to #27	Enter the number of staffed beds currently available, and estimated in 8 and 24 hours
#28	Enter the number of ventilators currently available, and estimated in 8 and 24 hours
#29	Check Yes or No, if your hospital is currently capable of performing patient decontamination at this time
Number of Casualties	**Enter information about the numbers and type of casualties you have received during the current reporting period. Refer to the HICS-259 Form**
#30	Enter the number of untreated **Immediate** casualties (START triage category)
#31	Enter the number of untreated **Delayed** casualties (START triage category)
#32	Enter the number of untreated **Minor** casualties (START triage category)
#33	Enter the number of casualties **treated and released**
#34	Enter the number of casualties **treated and admitted** to the hospital
#35	Enter the number of casualties **deceased**
#36	Enter your **used** morgue capacity information
#37	Enter your **available** morgue capacity information
Evacuation	**Enter information regarding an evacuation**
#38	Check if you evacuating status, **No**, **Yes - Partially**, or **Yes - Completely**
#39	If you are evacuating, enter how many **ambulatory** patients are you evacuating
#40	If you are evacuating, enter how many **non-ambulatory** patients are you evacuating
Impacts	**List the impacts of this incident on:**
#41	List the impact *(actual and potential)* to **Services**

#42	List the impact *(actual and potential)* to **Health and Safety**. Refer to the HICS-261 Form.
#43	List the impact *(actual and potential)* to **infrastructure**. Refer to the HICS-251 Form
#44	Enter a description of any resources that you can share with other healthcare facilities

Facility and Incident Overview

1. Event Type: ❑ Real World ❑ Exercise

2. Name of Hospital:

3. Date: **4. Time** (24-Hr. Clock):

5. Report Type: ❑ Initial ❑ Revised ❑ Final

6. Incident Type:

- ❑ Communications / IT Failure
- ❑ Fire / Explosion
- ❑ Hazardous Materials
- ❑ Labor Disruption
- ❑ Other, specify:
- ❑ Patient Surge
- ❑ Security Threat
- ❑ Severe Weather
- ❑ Utility Failure

7. Prognosis:

- ❑ Worsening
- ❑ No Change
- ❑ Improving

8. Provide a brief description of the situation:

9. Overall Facility Status:

- ❑ Fully Functional (minor reductions in patient services; able to carry out majority of normal operating functions)
- ❑ Partially Functional (moderate to significant reductions in patient services)
- ❑ Not Functional (not suitable for continued occupancy; critically damaged or affected; unable to continue any services)

Primary Point of Contact Information

10. Contact Name:

11. Contact HICS Position:

12. Contact Phone Number:

13. Contact Fax Number:

14. Contact Cell Phone Number:

15. Contact Pager Number:

16. Contact Email:

Hospital Command Center (HCC) Activation			
17. HCC Activated? ❑ Yes ❑ No			
18. HCC Phone:			
19. HCC Fax:			
Bed Availability			
	a. Currently Available	**b. Estimated in 8 Hours**	**c. Estimated in 24 Hours**
20. Emergency Dept.			
21. Adult ICU			
22. Med/Surg			
23. Burn			
24. Peds ICU			
25. Psychiatric			
26. Neg. Pressure			
27. Operating Room			
28. Ventilators			
29. Is Decon Available? ❑ Yes ❑ No			
Number of Casualties (HICS-259)			
30. Untreated – Immediate:		**31. Untreated – Delayed:**	
32. Untreated – Minor:		**33. Treated – Released:**	
34. Treated – Admitted:		**35. Deceased:**	
36. Morgue capacity used:		**37. Morgue capacity available:**	
Evacuation Information			
38. Are you Evacuating: ❑ No, not evacuating ❑ Yes*, partially evacuating ❑ Yes*, completely evacuating **If you are evacuating patients, complete the HE-401, Hospital Patient Evacuation Category Form* *San Joaquin County Hospital Evacuation Plan http://sjgov.org/ems/PDF/SJOAHospitalEvacPlan.pdf*			
39. Number of Ambulatory Patients Evacuating:			
40. Number of Non-ambulatory Patients Evacuating:			

Impacts
41. Impact on Services:
42. Health & Safety Impact:
43. Infrastructure Impact:
Resources Available
44. Resources Available:

Appendix 3.5 Clinic Status Report Instructions

INSTRUCTIONS

The Clinic Status Report is a tool to efficiently communicate your clinic's status, during disasters, to the Medical Health Operation Area Coordinator (MHOAC). Please submit a status report once the decision has been made to activate your Emergency Operations Plan, Command Center or in response to an unusual event.

1. Use this form to collect your clinic's status information
2. Log onto WebEOC https://webeoc.sjgov.org/eoc7
3. Enter your username and password
4. Select your position and incident from the drop down menu
5. Click on ***EF-08 Boards*** from the Menu Section of the Control Panel. (*Note: your computer must be setup to allow pop-ups from this site to be able to see the EF-08 Boards*)
6. Click on the "***Status of Clinic Facilities***" link
7. Click on the ***New Record*** button to create a new report, or click on the ***Update*** button to update an existing report
8. Complete your status report and click the ***Save*** button.

If you have any questions or need assistance completing this form please page the EMS Agency Duty Officer at 209-234-5032.

Facility & Incident Overview	Instructions
#1	Enter the event type – **Real World** or **Exercise**
#2	Enter the complete **full name** of your clinic
#3	Enter the **date** the report was completed
#4	Enter the **time** the report was completed, use 24 hour clock
#5	Check if this is an **Initial, Revised or Final** Report
#6	Check the type(s) of incident that is occurring at your clinic
#7	Check if your situation is: **Worsening**, **No Change** (stable), or **Improving**
#8	Provide a brief description of the situation
#9	Check the applicable facility status: **Fully**, **Partially**, or **Not Functional**
#10	Check the applicable **clinic type**
#11 to #13	Enter your physical **address**.
#14 to #20	Enter the **name,** the **HICS position**, and **contact information** for the person who can answer questions regarding the information on this form.
#21 to #23	Check Yes or No, if the Command Center has been activated. if yes enter the telephone and fax numbers
Number of Casualties	**Enter information about the numbers and type of casualties you have received during the current reporting period. Refer to the HICS-259 Form**
#24	Enter the number of untreated **Immediate** casualties (START triage category)
#25	Enter the number of untreated **Delayed** casualties (START triage category)
#26	Enter the number of untreated **Minor** casualties (START triage category)
#27	Enter the number of casualties **treated and released**
#28	Enter the number of casualties **treated and transferred** to a hospital
#29	Enter the number of casualties **deceased**
Evacuation	**Enter information regarding an evacuation**
#30	Check if you evacuating status, **No**, **Yes - Partially**, or **Yes - Completely**
#31	If you are evacuating, enter how many **ambulatory** patients are you evacuating
#32	If you are evacuating, enter how many **non-ambulatory** patients are you evacuating
Impacts	**List the impacts of this incident on:**
#33	List the impact *(actual and potential)* to **Services**

#34	List the impact *(actual and potential)* to **Health and Safety**. Refer to the HICS-261 Form.
#35	List the impact *(actual and potential)* to **infrastructure**. Refer to the HICS-251 Form
#36	Enter a description of any resources that you can share with other healthcare facilities

Facility and Incident Overview

1. Event Type: ❑ Real World ❑ Exercise

2. Name of Clinic:

3. Date: **4. Time** (24-Hr. Clock):

5. Report Type: ❑ Initial ❑ Revised ❑ Final

6. Incident Type:
- ❑ Communications / IT Failure
- ❑ Patient Surge
- ❑ Fire / Explosion
- ❑ Security Threat
- ❑ Hazardous Materials
- ❑ Severe Weather
- ❑ Labor Disruption
- ❑ Utility Failure
- ❑ Other, specify:

7. Prognosis:
- ❑ Worsening
- ❑ No Change
- ❑ Improving

8. Provide a brief description of the situation:

9. Overall Facility Status:
- ❑ Fully Functional (minor reductions in patient services; able to carry out majority of normal operating functions)
- ❑ Partially Functional (moderate to significant reductions in patient services)
- ❑ Not Functional (not suitable for continued occupancy; critically damaged or affected; unable to continue any services)

Clinic Information

10. Clinic Type:
- ❑ Ambulatory Surgery Center
- ❑ Dialysis
- ❑ Community
- ❑ Home Health Agency
- ❑ Other, specify:

11. Street Address:

12. City:	**13. Zip Code:**
Primary Point of Contact Information	
14. Contact Name:	
15. HICS Position:	
16. Contact Phone Number:	
17. Contact Fax Number:	
18. Contact Cell Phone Number:	
19. Contact Pager Number:	
20. Contact Email:	
Clinic Command Center Activation	
21. Command Center Activated? ❑ Yes	❑ No
22. Command Center Phone:	
23. Command Center Fax:	
Number of Casualties (HICS-259)	
24. Untreated – Immediate:	**25. Untreated – Delayed:**
26. Untreated – Minor:	**27. Treated – Released:**
28. Treated – Transferred:	**29. Deceased:**
Evacuation Information	
30. Are you Evacuating: ❑ No, not evacuating ❑ Yes, partially evacuating ❑ Yes, completely evacuating	
31. Number of Ambulatory Patients Evacuating:	
32. Number of Non-ambulatory Patients Evacuating:	
Impacts	
33. Impact on Services:	

34. Health & Safety Impact:

35. Infrastructure Impact:

Resources Available

36. Resources Available:

Appendix 3.6 Behavioral Health Facility Status Report Instructions

INSTRUCTIONS

The Behavioral Health Facility Status Report is a tool to efficiently communicate your facility's status, during disasters, to the Medical Health Operation Area Coordinator (MHOAC). Please submit a status report once the decision has been made to activate your Emergency Operations Plan, Command Center or in response to an unusual event.

1. Use this form to collect your facility's status information
2. Log onto WebEOC https://webeoc.sjgov.org/eoc7
3. Enter your username and password
4. Select your position and incident from the drop down menu
5. Click on ***EF-08 Boards*** from the Menu Section of the Control Panel. (*Note: your computer must be setup to allow pop-ups from this site to be able to see the EF-08 Boards*)
6. Click on the "***Status of Behavioral Health Facilities***" link
7. Click on the ***New Record*** button to create a new report, or click on the ***Update*** button to update an existing report
8. Complete your status report and click the ***Save*** button.

If you have any questions or need assistance completing this form, please page the EMS Agency Duty Officer at 209-234-5032.

Incident Overview	Instructions
#1	Enter the event type – **Real World** or **Exercise**
#2	Enter the complete **name** of your behavioral health facility
#3 to #5	Enter the physical **address**
#6 and #7	Enter the **date** and **time** the report was completed
#8	Check if this is an **Initial, Revised** or **Final** Report
#9	Check the type(s) of incident that is occurring at your behavioral health facility
#10	Check if your situation is: **Worsening**, **No Change** (stable), or **Improving**
#11	Provide a brief description of the situation
#12	Check the applicable facility status: **Fully**, **Partially**, or **Not Functional**
#13 to #19	Enter the **name,** the **ICS or HICS position**, and **contact information** for the person who can answer questions regarding the information on this form.
#20 to #22	Check Yes or No, if Command Center has been activated and enter the telephone and fax numbers
Bed Status	**Enter your current and estimated future bed status**
#23 and #24	Enter the number of licensed beds, currently available beds, and estimated available beds in 24 hours
Evacuation	**Enter information regarding an evacuation**
#25	Check if you evacuating status, **No**, **Yes - Partially**, or **Yes - Completely**
#26	If you are evacuating, enter how many **ambulatory** patients are you evacuating
#27	If you are evacuating, enter how many **non-ambulatory** patients are you evacuating
Impacts	**List the impacts of this incident on:**
#28	List the impact *(actual and potential)* to **Services**
#29	List the impact *(actual and potential)* to **Health and Safety**. Refer to the HICS-261 Form.
#30	List the impact *(actual and potential)* to **infrastructure**. Refer to the HICS-251 Form
#31	Enter a description of any resources that you can share with other healthcare facilities

Facility and Incident Overview

1. Event Type: ❑ Real World ❑ Exercise

2. Name of Behavioral Health Facility:

3. Street Address:

4. City: **5. Zip Code:**

6. Date: **7. Time** (24-Hr. Clock):

8. Report Type: ❑ Initial ❑ Revised ❑ Final

9. Incident Type:
- ❑ Communications / IT Failure
- ❑ Fire / Explosion
- ❑ Hazardous Materials
- ❑ Labor Disruption
- ❑ Other, specify:
- ❑ Patient Surge
- ❑ Security Threat
- ❑ Severe Weather
- ❑ Utility Failure

10. Prognosis:
- ❑ Worsening
- ❑ No Change
- ❑ Improving

11. Provide a brief description of the situation:

12. Overall Facility Status:
- ❑ Fully Functional (minor reductions in patient services; able to carry out majority of normal operating functions)
- ❑ Partially Functional (moderate to significant reductions in patient services)
- ❑ Not Functional (not suitable for continued occupancy; critically damaged or affected; unable to continue any services)

Primary Point of Contact Information

13. Contact Name:

14. Contact ICS or HICS Position:

15. Contact Phone Number:

16. Contact Fax Number:

17. Contact Cell Phone Number:

18. Contact Pager Number:

19. Contact Email:

Command Center Activation

20. Command Center Activated? ❑ Yes ❑ No			
21. Command Center Phone:			
22. Command Center Fax:			
Bed Availability			
	a. Licensed Bed	**b. Currently Available Beds**	**c. Estimated in 24 Hours**
23. Geriatric (65 and older)			
24. Adult (18 to 64 years)			
Evacuation Information			
25. Are you Evacuating: ❑ No, not evacuating ❑ Yes, partially evacuating ❑ Yes, completely evacuating			
26. Number of Ambulatory Patients Evacuating:			
27. Number of Non-ambulatory Patients Evacuating:			
Impacts			
28. Impact on Services:			
29. Health & Safety Impact:			
30. Infrastructure Impact:			
Resources Available			
31. Resources Available:			

Appendix 3.7 Long Term Care Facility Status Report Instructions

INSTRUCTIONS

The Long Term Care Facility Status Report is a tool to efficiently communicate your facility's status, during disasters, to the Medical Health Operation Area Coordinator (MHOAC). Please submit a status report once the decision has been made to activate your Emergency Operations Plan, Command Center or in response to an unusual event.

1. Use this form to collect your facility's status information
2. Log onto WebEOC https://webeoc.sjgov.org/eoc7
3. Enter your username and password
4. Select your position and incident from the drop down menu
5. Click on ***EF-08 Boards*** from the Menu Section of the Control Panel. (*Note: your computer must be setup to allow pop-ups from this site to be able to see the EF-08 Boards*)
6. Click on the "***Status of Long Term Care Facilities***" link
7. Click on the ***New Record*** button to create a new report, or click on the ***Update*** button to update an existing report
8. Complete your status report and click the ***Save*** button.

If you have any questions or need assistance completing this form, please page the EMS Agency Duty Officer at 209-234-5032.

Incident Overview	Instructions
#1	Enter the event type – **Real World** or **Exercise**
#2	Enter the complete **name** of your long term care health facility
#3 to #5	Enter the physical **address**
#6 and #7	Enter the **date** and **time** the report was completed
#8	Check if this is an **Initial, Revised** or **Final** Report
#9	Check the type(s) of incident that is occurring at your facility
#10	Check if your situation is: **Worsening**, **No Change** (stable), or **Improving**
#11	Provide a brief description of the situation
#12	Check the applicable facility status: **Fully**, **Partially**, or **Not Functional**
#13 to #19	Enter the **name,** the **NHICS position**, and **contact information** for the person who can answer questions regarding the information on this form.
#20 to #22	Check Yes or No, if Command Center has been activated and enter the telephone and fax numbers
Bed Availability	**Enter your current and estimated future bed status**
#22 to #31	Enter the number of licensed beds, currently available beds, and estimated available beds in 24 hours
Evacuation	**Enter information regarding an evacuation**
#32	Check if you evacuating status, **No**, **Yes - Partially**, or **Yes - Completely**
#33	If you are evacuating, enter how many **ambulatory** patients are you evacuating
#34	If you are evacuating, enter how many **non-ambulatory** patients are you evacuating
Impacts	**List the impacts of this incident on:**
#35	List the impact *(actual and potential)* to **Services**
#36	List the impact *(actual and potential)* to **Health and Safety**. Refer to the NHICS-261 Form.
#37	List the impact *(actual and potential)* to **infrastructure**. Refer to the NHICS-251 Form
#38	Enter a description of any resources that you can share with other healthcare facilities

Facility and Incident Overview

1. Event Type: ❑ Real World ❑ Exercise

2. Name of Long Term Care Facility:

3. Street Address:

4. City: **5. State/Zip Code:**

6. Date: **7. Time** (24-Hr. Clock):

8. Report Type: ❑ Initial ❑ Revised ❑ Final

9. Incident Type:

- ❑ Communications / IT Failure
- ❑ Fire / Explosion
- ❑ Hazardous Materials
- ❑ Labor Disruption
- ❑ Other, specify:
- ❑ Patient Surge
- ❑ Security Threat
- ❑ Severe Weather
- ❑ Utility Failure

10. Prognosis:

- ❑ Worsening
- ❑ No Change
- ❑ Improving

11. Provide a brief description of the situation:

12. Overall Facility Status:

- ❑ Fully Functional (minor reductions in patient services; able to carry out majority of normal operating functions)
- ❑ Partially Functional (moderate to significant reductions in patient services)
- ❑ Not Functional (not suitable for continued occupancy; critically damaged or affected; unable to continue any services)

Primary Point of Contact Information

13. Contact Name:

14. Contact NHICS Position:

15. Contact Phone Number:

16. Contact Fax Number:

17. Contact Cell Phone Number:

18. Contact Pager Number:

19. Contact Email:

Command Center Activation				
20.	**Command Center Activated?** ❑ Yes ❑ No			
21.	**Command Center Phone:**			
22.	**Command Center Fax:**			
Bed Availability				
		a. Licensed Beds	**b. Currently Available Beds**	**c. Estimated Available Beds in 24 Hours**
23.	**Skilled Nursing Facility (SNF)**			
24.	**Sub-Acute Care**			
25.	**Intermediate-Care Facility (ICF)**			
26.	**Intermediate-Care Facility for the Developmentally Disabled (ICF/DD)**			
27.	**Intermediate Care Facility for the Developmentally Disabled Habilitative (ICF/DDH)**			
28.	**Intermediate Care Facility for the Developmentally Disabled – Nursing (ICF/DDN)**			
29.	**Congregate Living Health Facility (CLHF)**			
30.	**Residential Care Facility for the Elderly (RCFE)**			
31	**Adult Residential Facility (ARF)**			
Evacuation Information				
32.	**Are you Evacuating:** ❑ No, not evacuating ❑ Yes*, partially evacuating ❑ Yes*, completely evacuating **If you are evacuating patients, complete Form LTC-401, Emergency Evacuation Destination Categories for Long Term Care Facility Patients / Residents http://sjgov.org/ems/PDF/LongTermCareFacilityForms.pdf*			
33.	**Number of Ambulatory Patients Evacuating:**			
34.	**Number of Non-ambulatory Patients Evacuating:**			

Impacts
35. Impact on Services:
36. Health & Safety Impact:
37. Infrastructure Impact:
Resources Available
38. Resources Available:

Appendix 3.8 Medical/Health Interagency Situation Instructions

INSTRUCTIONS

The Med/Health Interagency Situation Report is a tool to efficiently communicate your agency's current situation to the Medical Health Operation Area Coordinator (MHOAC). Please submit a status report once the decision has been made to activate your Emergency Operations Plan, Department Operations Center (DOC) or in response to an unusual event.

1. Use this form to collect your agency's situation information
2. Log onto WebEOC https://webeoc.sjgov.org/eoc7
3. Enter your username and password
4. Select your position and incident from the drop down menu
5. Click on ***EF-08 Boards*** from the Menu Section of the Control Panel. (*Note: your computer must be setup to allow pop-ups from this site to be able to see the EF-08 Boards*)
6. Click on the "***Medical-Health Interagency Report***" link
7. Click on the ***New Record*** button to create a new report, or click on the ***Update*** button to update an existing report
8. Complete your status report and click the ***Save*** button.

Notify the EMS Agency Duty Officer that a report has been submitted Pager (209) 234-5032 or Dispatch (209) 236-8339.

1. Event Type:	☐ Real World	☐ Exercise			
2. Report Type:	☐ Initial	☐ Revised	☐ Final		
3. Agency Name:					
4. Event Name:					
5. Date of Report:		6. Time of Report:			
7. Location:					
8. Prognosis:	☐ Improving	☐ Worsening	☐ No Change		
9. Medical/Health Impact:	☐ None	☐ Minor	☐ Moderate	☐ Severe	
10. Current Situation:					

11. Assigned Resources:		
12. Infrastructure Threat/Damage:		
13. Casualties: a. Immediate ___ b. Delayed ___ c. Minor ___ d. Deceased ___		
14. EOC/DOC Activated: ☐ BHS ☐ EHD ☐ EMS ☐ PHS ☐ OA EOC		
15. Proclamations/Declarations:	☐ None	☐ Local Emergency
	☐ Public Health Emergency	☐ Public Health Hazard
	☐ State	☐ Federal
16. Health Advisories/Orders:	☐ Air Unhealthful	☐ Boil Water
	☐ Heat	☐ Cold
	☐ Food Hazard	☐ Disease Outbreak
	☐ Quarantine/Isolation	☐ Vector
	☐ School Closure	☐ Beach Closure
	☐ Other:	
17. Report Submitted By:		18. Phone:

Appendixes 3.9 EMResource Healthcare Facility Status and Interagency Situation Report Instructions

1. Log onto the EMResource website https://emresource.juvare.com/login

2. Enter your Username and Password (Figure 1).

Figure 1

3. Click on “User Links” in the upper right side of the screen and select the applicable report icon (hospital, clinic, behavioral health, long term care or Interagency) from the drop down menu (Figure 2).

Note 1: *you will only see the icons for the forms that you have permission to submit.*

Note 2: *your computer must be setup to allow pop-ups from this site to be able to access the reports.*

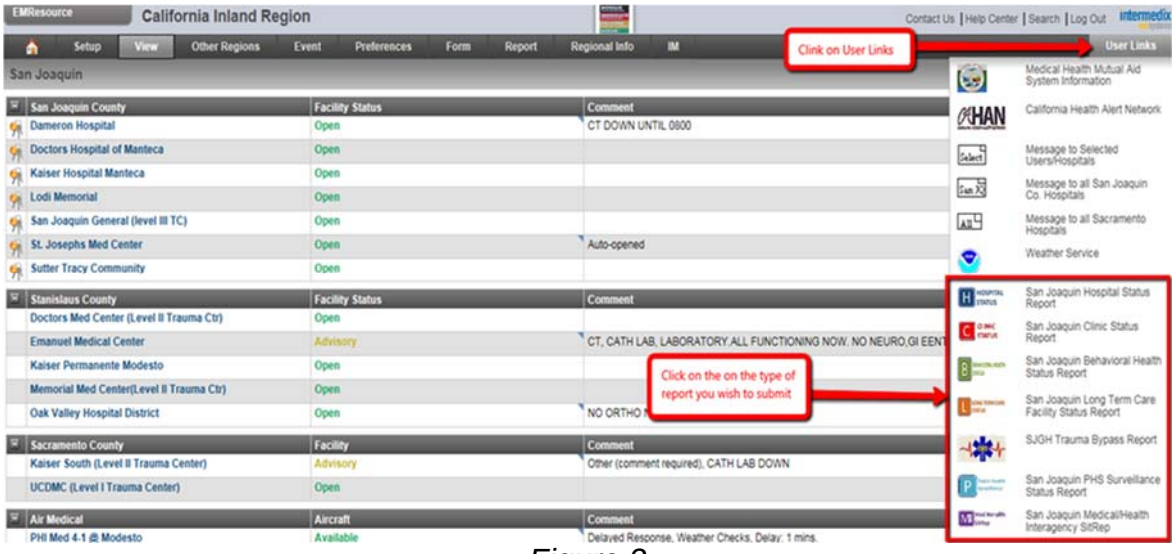


Figure 2

4. Complete the report form (Figure 3).

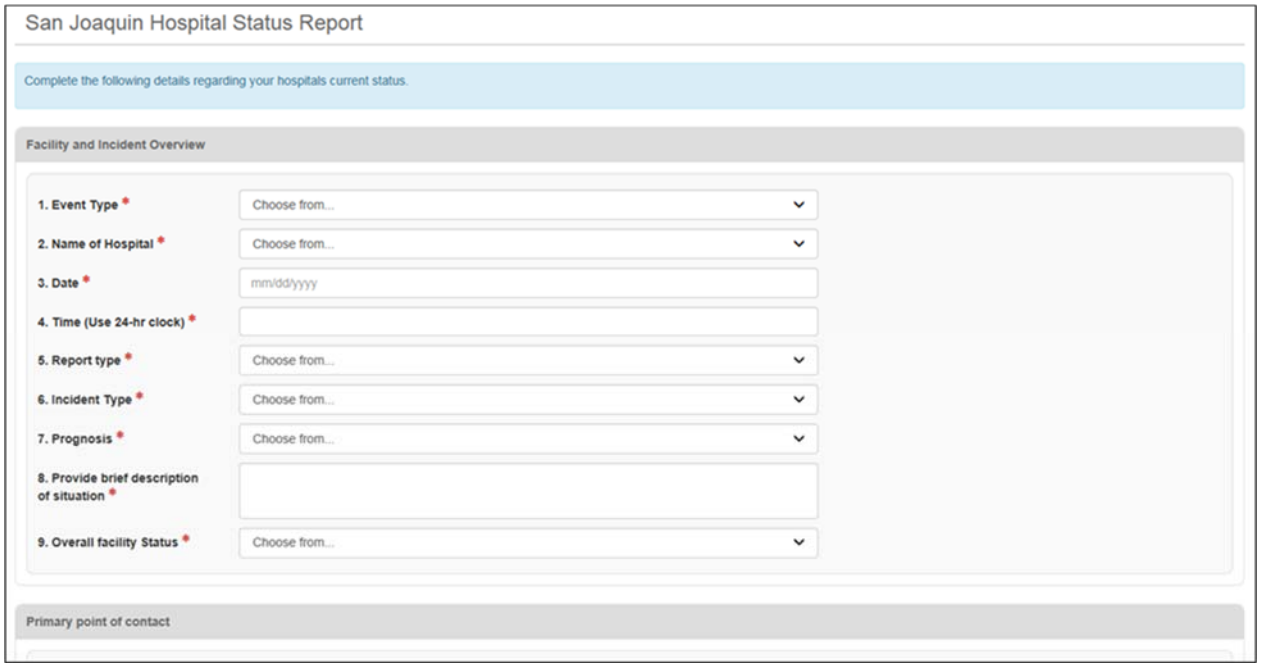


Figure 3

5. Click on the “Submit Form” button located at the bottom of the report form (Figure 4).

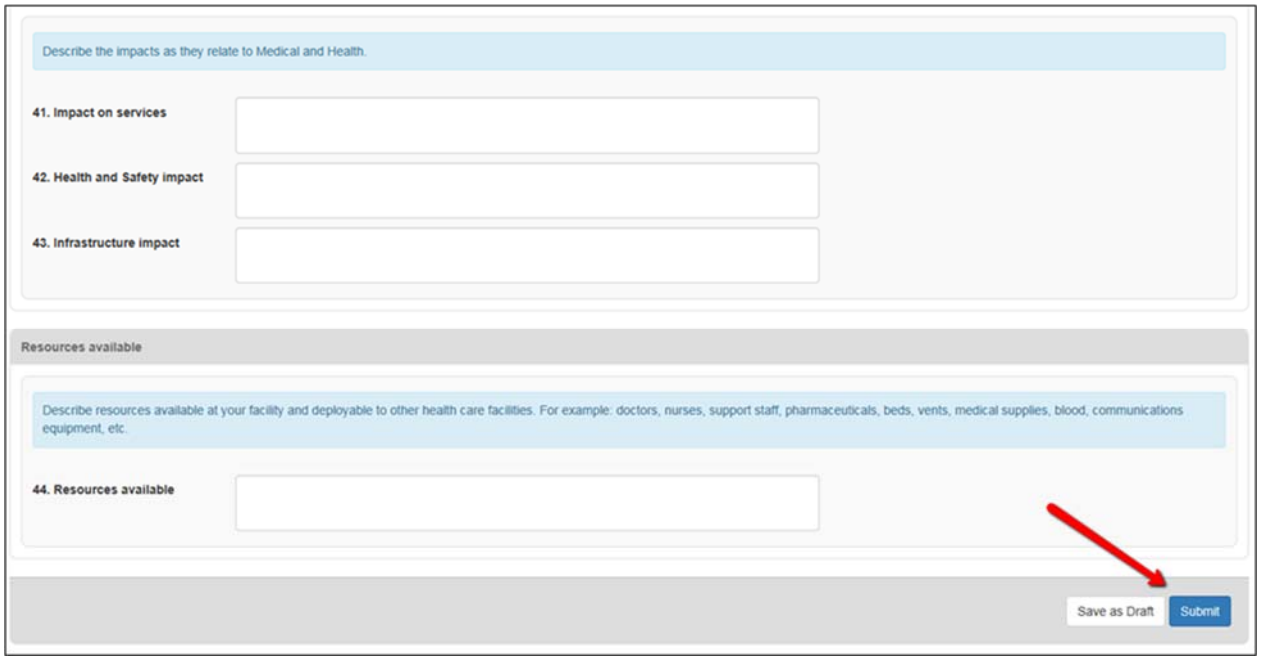


Figure 4

Appendix 3.10 EMResource Hospital Available Beds for Emergencies and Disasters (HAvBED) Instructions

6. The San Joaquin County Medical Health Operational Area Coordinator (MHOAC) or his/her designee will create a San Joaquin County HAvBED Poll event in EMResource.

7. Hospitals will receive an auditable alert through EMResource *"In Coming Alert" and message pop-up* to get the attention of staff, and a gold colored HAvBED banner will appear at the top of the web page (Figure 1).

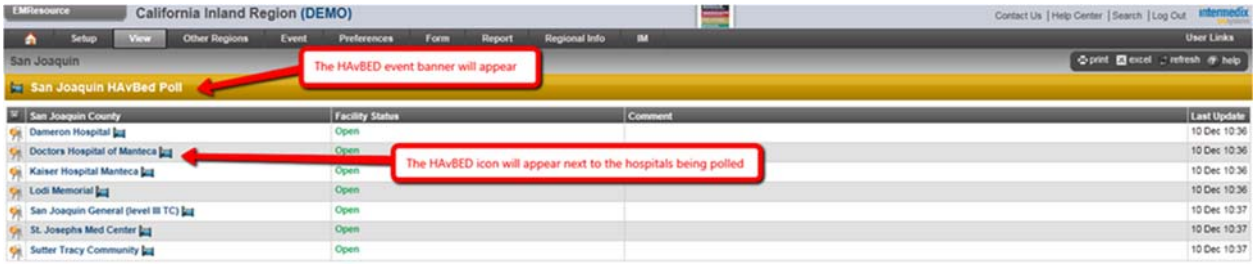


Figure 1

Note: user login must have the "Keys" icon (Figure 2) to be able to enter and/or update the HAvBED information in the system. Contact the system administrator if the key icon is missing for your facility, or you have questions. Click on the "Contact Us" link near the upper right side of the screen for contact information (Figure 3).

Figure 2

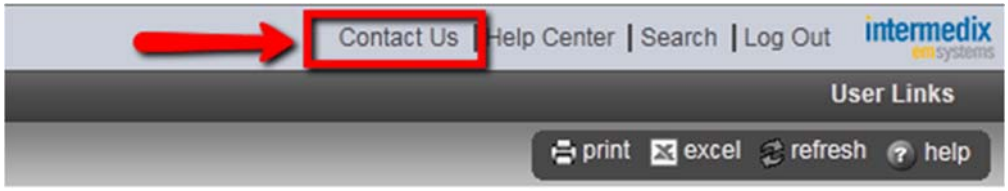
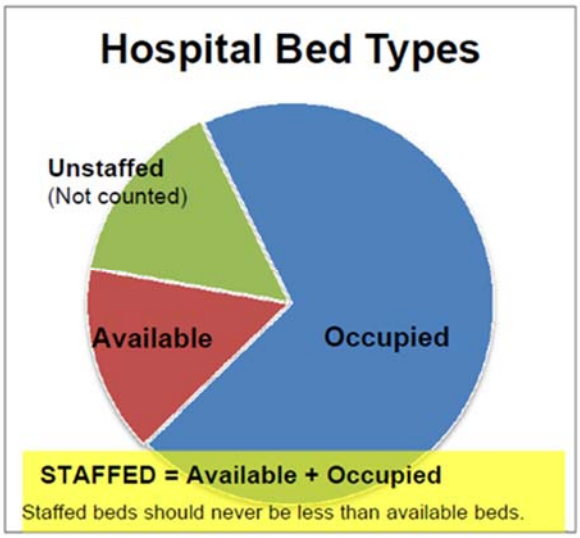


Figure 3

8. Use the HAvBED Data Collection Form (Figure 4) to collect all HAvBED data.



Definitions:

Available bed: Vacant, immediately ready for patients. Include supporting space, equipment, ancillary and support services and staff to operate under normal circumstances. Licensed and physically available, with staff on hand to attend the patient occupying the bed.

Staffed bed: Licensed and physically available with staff on hand to attend patient. Includes both occupied and available.

Use this form to compile HAvBED data for easier entry into the EMResource system.

HAvBED Bed Categories	Available	Staffed
Adult Intensive Care Unit (ICU): Beds that can support critically ill or injured patients, including ventilator support.		
Medical/Surgical: Also thought of as Ward Beds.		
Burn: Thought of as Burn ICU beds, either approved by the American Burn Association or self-designated. (These beds are NOT to be included in other ICU bed counts.)		
Pediatric ICU: As for Adult ICU, but patients 17 years and younger.		
Pediatrics: Ward Medical/Surgical beds for patients 17 and younger		
Psychiatric: Ward beds on a closed/locked psychiatric unit or ward beds where a patient will be attended by a sitter		
Airborne Infection Isolation: Beds provided with negative airflow, providing respiratory solation. NOTE: This value may represent available beds included in the counts of other types.		
Operating Rooms: An operating room that is equipped staffed and could be made available for patient care in a short period of time.		
Emergency Room Status: *Open* - Accepting patients by ambulance; *Closed* - Not accepting patients by ambulance; *N/A* - Not Applicable (hospital does not have an ED)	☐ **Open** ☐ **Closed** ☐ **N/A Not Applicable**	
Decontamination Ability: *Available* - The institution has chemical/biological/radiological multiple patient decontamination capability; *Not Available* - The institution is unable to provide chemical/biological/radiological patient decontamination	☐ **Available** ☐ **Not Available**	
Ventilators: The number of ventilators that are present in the institution not being used and could be supported by currently available staff	**Number of Vents:**	

Video training available at: https://www.sjgov.org/ems/videos/EnterHAvBED_Data_intoEMResource.mp4

Figure 4

9. Click on the gold HAvBED event banner to open the poll (Figures 1 and 5).

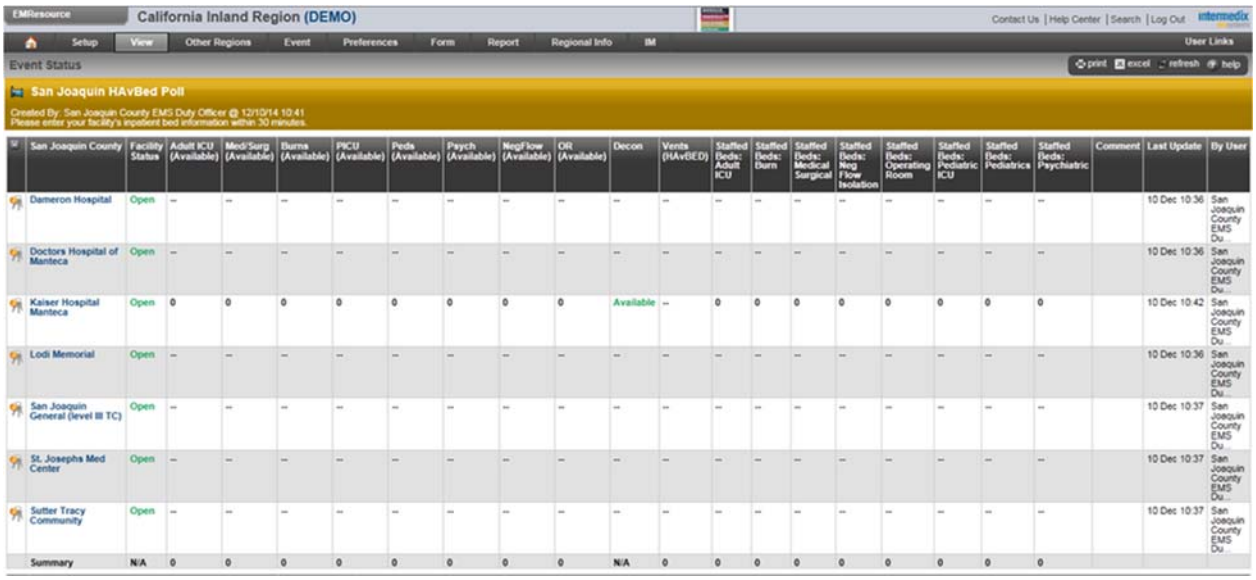


Figure 5

10. Click on the bed category open to enter data (see Figure 6).

Figure 6

11. You may click on “Show All Statuses” (Figures 7 and 8) to update all of the categories at one time, or click on each individual category to update independently. You must click “Save” when changes are completed. Comments are NOT required.

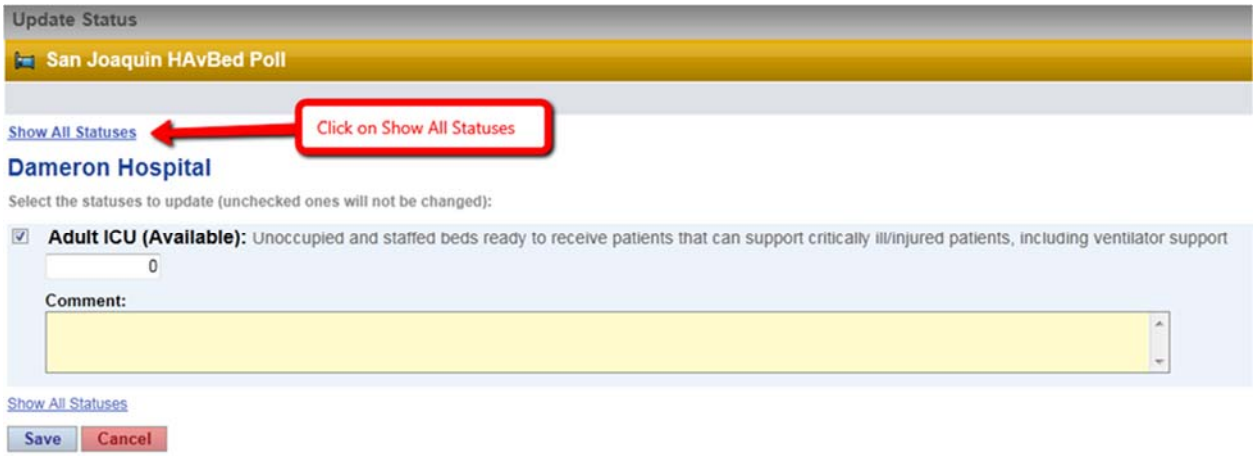


Figure 7

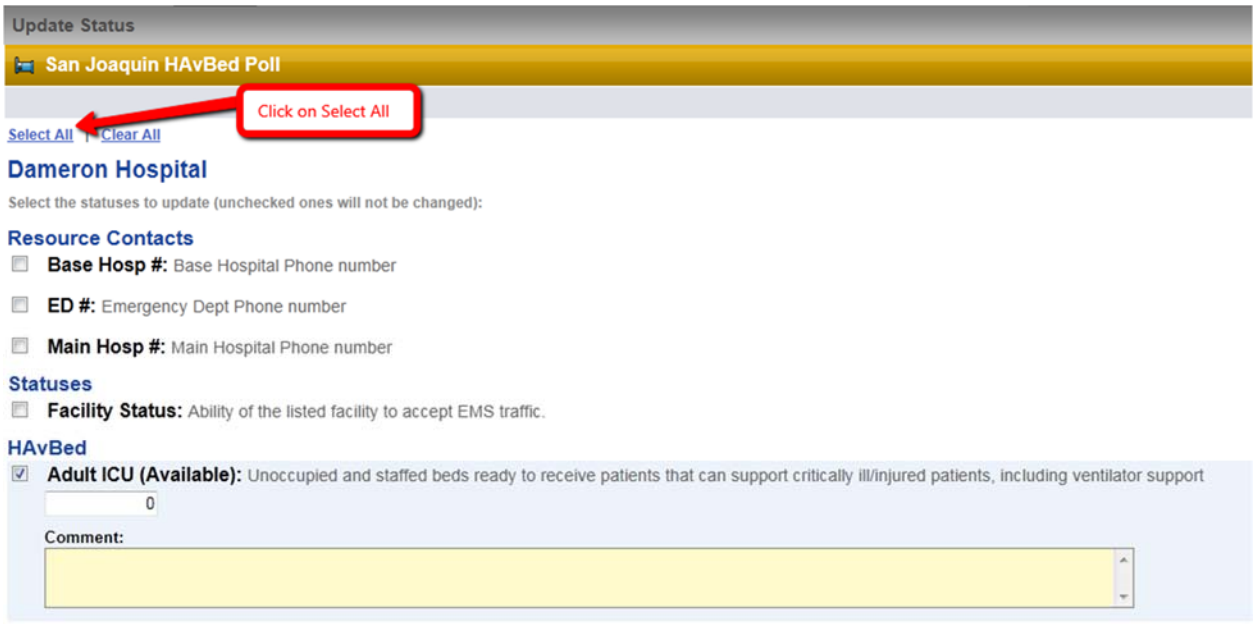


Figure 8

12. Enter the applicable data for each category (Figure 9).

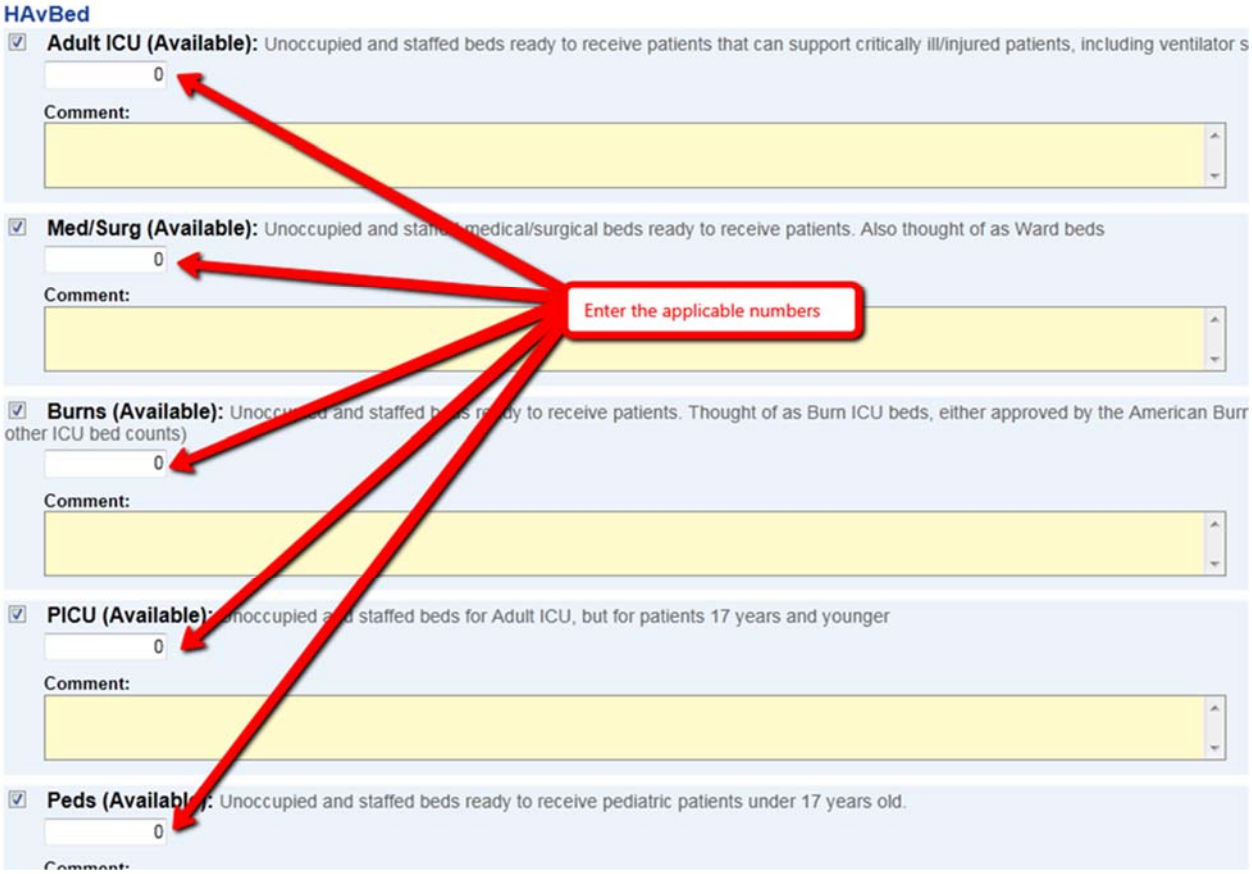
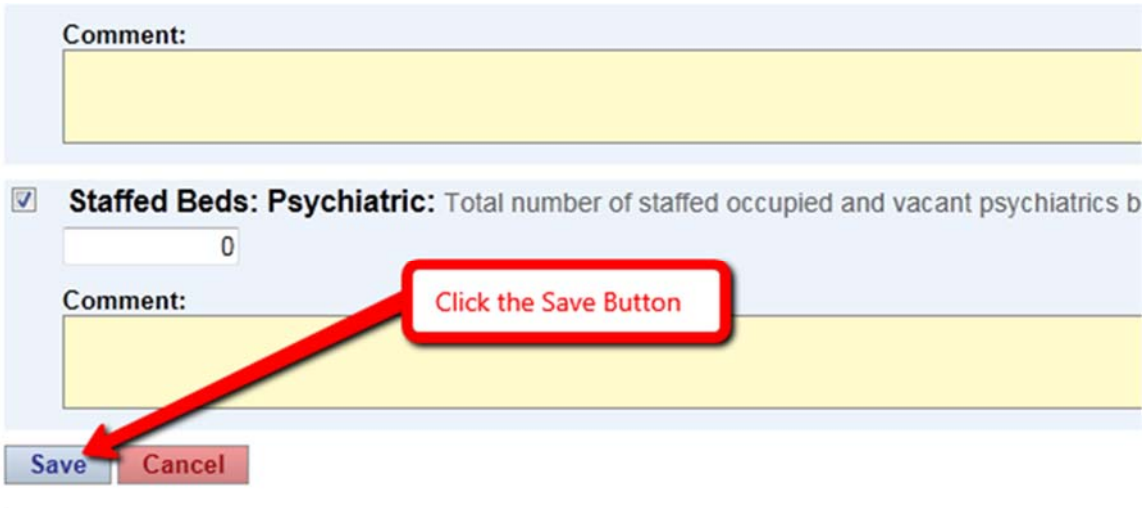


Figure 9

13. Click the “Save” button located at the lower left-hand corner of the page when completed (Figure 10).



Appendix 3.11 California Medical and Health Situation Report

MEDICAL and HEALTH SITUATION REPORT (SITREP)

PEN & PAPER VERSION
ITEMS A - P ARE MINIMALLY REQUIRED ON ALL REPORTS.

A. Report Type		B. Report Status	C. Report Creation Date/Time	
☐INITIAL	☐UPDATE #	☐1. Advisory: No Action Required	1. Report Date:	2. Report Time:
	☐FINAL	☐2. Alert:Action Required see "Critical Issues"		

D. Incident / Event Information			
1. Mutual Aid Region: REGION IV	2. Jurisdiction (OA):	3. Abrv: XSJ	
4. Incident / Event Name:	5. Incident Date:	6. Incident Time:	
7. Incident Location / Address:	8. Incident City:		
9. Incident Type:	10. Estimated Population Affected:		
11. Incident Level: ☐ Level I - Op Area ☐Level II - Region ☐Level III - State ☐Unknown			

E. User Information	
1. Report Creator:	
2. Position: Other	
3. Phone:	
4. Cell, Pager, Alt Phone:	
5. Email:	

F. Current Operational Area Medical and Health System Condition:

☐GREEN – Normal Operations: (Update: Situation Resolved)
☐YELLOW – Under Control: NO Assistance Required
☐ORANGE – Assistance from within the jurisdiction/OA Required
☐RED – SOME Assistance required from outside the jurisdiction/OA
☐BLACK – SIGNIFICANT Assistance required from outside the jurisdiction/OA.
☐GREY - Unknown - Conducting Assessments

G. Prognosis: ☐ NO CHANGE ☐IMPROVING ☐ WORSENING

Page 1 of 9

Event Name: _____

PEN & PAPER VERSION SECTION 1 (Continued)

(Text boxes capacity: 9 lines)

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.)

Event Name: _____

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 2) ☐ 4. OA EOC MH Branch Active

L. Proclamations/Declarations:

☐ 1. Local Emergency ☐ 2. State ☐ 3. Other (List in Box Q 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 Q. below)

Q. Hazard Specific Activities:

R. Summary of Impact:

1. Est. Population Affected (Reported OA OEM):	#	☐ 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:

☐ 1. Voluntary	#
☐ 2. Mandatory	#
☐ 3. Total:	#

Event Name: _____

PEN & PAPER VERSION SECTION 2 (Continued)

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

Additional Notes:

Event Name: _____

PEN & PAPER VERSION SECTION 3

U.Overall Healthcare FACILITIES System Status	☐Green – Normal Operations: (Situation Resolved)	☐Yellow – Under control: NO Assistance Required	☐ Orange – Assistance from with the Facility Required	☐Red – SOME Assistance from Outside Facility Required	☐Black - SIGNIFICANT Assistance from Outside Facility Required

1. Total General Acute Care Hospitals:	#	5. Acute Care Hospital Comments:
1. GACH – Fully Functional	#	
2. GACH – Not Functional	#	
3. GACH – Partially Functional	#	
4. GACH – Not Reporting	#	☐No Report/Assessment
2. Total SNFs / LTCFs:	#	
1. SNF – Fully Functional	#	
2. SNF – Not Functional	#	
3. SNF – Partially Functional	#	
4. SNF – Not Reporting	#	☐ No Report/Assessment
3. Total ICF - DD Intermed Care Facil:	#	
1. IFC – Fully Functional	#	
2. IFC – Not Functional	#	
3. IFC – Partially Functional	#	
4. IFC – Not Reporting	#	☐ No Report/Assessment
4. Total Acute Psych Hospitals:	#	
1. APH – Fully Functional	#	
2. APH – Not Functional	#	
3. APH – Partially Functional	#	
4. APH – Not Reporting	#	☐No Report/Assessment
5. Total State Hospitals (Corr, DD, MH):	#	
1. StH – Fully Functional	#	
2. StH – Not Functional	#	
3. StH – Partially Functional	#	
4. StH – Not Reporting	#	☐No Report/Assessment

Event Name: _____

PEN & PAPER VERSION SECTION 3 (Continued)

6. Total CLF Cong Care Health Fac:	#	
1. CLF – Fully Functional	#	
2. CLF – Not Functional	#	
3. CLF – Partially Functional	#	
4. CLF – Not Reporting	#	☐ No Report/Assessment
7. Total Dialysis Centers:	#	
1. Dial – Fully Functional	#	
2. Dial – Not Functional	#	
3. Dial – Partially Functional	#	
4. Dial – Not Reporting	#	☐ No Report/Assessment

Event Name: _____

PEN & PAPER VERSION SECTION 4

V. General Infrastructure Damage as it relates to the Medical Health System						(If other than green, provide brief comment)
1. Roads	☐Green	☐Yellow	☐Orange	☐Red	☐Black	
2. Medical Health Communications	☐Green	☐Yellow	☐Orange	☐Red	☐Black	
3. Communications	☐Green	☐Yellow	☐Orange	☐Red	☐Black	
4. Power	☐Green	☐Yellow	☐Orange	☐Red	☐Black	

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

Event Name: _____

PEN & PAPER VERSION SECTION 4 (Continued)

9. Cooling Centers	☐ Open	☐ None	☐ Planned	☐ Assessing – no report
Comments:				
10. Local Disaster Warehouse	☐ Open	☐ None	☐ Planned	☐ Assessing – no report
Comments:				
11. PODS	☐ Open	☐ None	☐ Planned	☐ Assessing – no report
Comments:				
12. PH Response Team	☐ Open	☐ None	☐ Planned	☐ Assessing – no report
Comments:				
13. Warming Centers	☐ Open	☐ None	☐ Planned	☐ Assessing – no report
Comments:				
14. Other (List)	☐ Open	☐ None	☐ Planned	☐ 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

Event Name: _____

PEN & PAPER VERSION SECTION 5

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

END OF REPORT

Page 9 of 9

Event Name: _____

Appendix 3.12 Amateur Radio Communications Guidance

San Joaquin Operational Area Healthcare Coalition

Amateur Radio Communications Guidance

June 17, 2019

San Joaquin County Emergency Medical Services Agency
P.O. Box 220, French Camp, California 95231

TABLE OF CONTENTS

I. Introduction

In order to maintain interoperable communications and information sharing capabilities in San Joaquin County, amateur or "Ham" radio is used as a backup when normal modes of communications fail due to natural or man-made disasters.

II. Purpose

The purpose of this guidance is to provide Healthcare Coalition members with general instructions on how to use amateur radio to share information, with the San Joaquin County Medical Health Operational Area Coordinator (MHOAC), when normal modes of communications fail.

III. Scope

This guidance is intended for use by the San Joaquin Operational Area Healthcare Coalition members and licensed volunteer radio operators.

IV. Preparation and Participation

1. Obtain and/or install an amateur radio, and program the current frequency plan available from http://www.n5fdl.com.

2. Become a licensed amateur radio operator. Get your license in one day by participating in a locally hosted "Ham Cram". Go to http://www.n5fdl.com for more information.

3. Participate in the bi-monthly Healthcare Ham Radio Communications Drills to learn how to pass messages and maintain skills. Go to http://sjgov.org/ems/emergencyPreparedness.htm for more information.

4. Obtain and complete the appropriate Healthcare Facility Status or Interagency Situation Report Form for your type of agency.

5. Provide a copy of your completed Healthcare Status or Interagency Situation Report Form to your radio operator(s).

6. Turn on your amateur radio and select Channel 22 on your pre-programmed radio. It is labeled "SJC2" on the radio's display or sometimes the frequency is displayed numerically as 146.655.

7. Check-in with the Net Control station, K6EMS (Kilo-Six-Echo-Mike-Sierra) by giving your call sign slowly and phonetically, followed by your first name. See Figure 1 for the International Telecommunications Union Standard Phonetic Alphabet.

Phonetic Alphabet	
A – alpha	N – november
B – bravo	O – oscar
C – Charlie	P – papa
D – delta	Q – quebec
E – echo	R – romeo
F – foxtrot	S – sierra
G – golf	T – tango
H – hotel	U – uniform
I – india	V – victor
J – juliet	W – wiskey
K – kilo	X – x-ray
L – lima	Y – yankee
M – mike	Z – zulu

(Figure 1)

8. Following the check-in process, Net Control will ask you to provide your status or situation report information.

9. Transmit your status or situation report information by providing the data element number followed by the answer. Do not read the data element question out loud on the air.

Examples:

Facility and Incident Overview			
1.	**Event Type:** ❑ Real World	✓ Exercise	
2.	**Name of Hospital:**	**ABC General Hospital**	
3.	**Date:**	**September 17, 2013**	**4.** **Time** (24-Hr. Clock): **1117**
5.	**Report Type:** ✓ Initial	❑ Revised	❑ Final
6.	**Incident Type:** ✓ Communications / IT Failure	❑ Patient Surge	
	❑ Fire / Explosion	❑ Security Threat	
	❑ Hazardous Materials	❑ Severe Weather	
	❑ Labor Disruption	❑ Utility Failure	
	❑ Other, specify:		

7.	**Prognosis:**	✓ Worsening
		❑ No Change
		❑ Improving

Sample Hospital Status report excerpt

#1 – Exercise

#2 – ABC General Hospital

#3 – September 17, 2013

#4 – 1117

#5 – Initial

#6 – Communications / IT Failure

#7 – Worsening

Transmit multiple answer data elements in the following manner:

Bed Availability			
	a. Currently Available	**b. Estimated in 8 Hours**	**c. Estimated in 24 Hours**
20. Emergency Dept.	**4**	**4**	**8**
21. Adult ICU	**2**	**4**	**10**

Sample Hospital Status report excerpt

#20 a – 4

#20 b – 4

#20 c – 8

#21 a – 2

#21 b – 4

#21 c – 10

Repeat open ended question data elements to ensure Net Control copied the information correctly.

Impacts
41. Impact on Services: • Electronic admissions system and medical records are not available. Implementing backup systems and paper records. • EMSystem computer is down, please use "Blast Phone" for ED bed polling. • Med Net radio is down. Ambulances are requested to call the ED via land line 209-555-5555 prior to arrival.

Sample Hospital Status report excerpt

#41
- Electronic admissions system and medical records are not available. Implementing backup systems and paper records.
- EMSystem computer is down, please use "Blast Phone" for ED bed polling.
- Med Net radio is down. Ambulances are requested to call the ED via land line 209-555-5555 prior to arrival.

"Repeat"

#41
- Electronic admissions system and medical records are not available. Implementing backup systems and paper records.
- EMSystem computer is down, please use "Blast Phone" for ED bed polling.
- Med Net radio is down. Ambulances are requested to call the ED via land line 209-555-5555 prior to arrival.

10. When your report is completed, announce "End of report" and give your call sign to complete your transmission.

VI. Helpful Hints and Information

1. Take a Break
   a. Take a break every five data elements by saying "Break", then release your microphone button and listen for Net Control to tell you to continue. If Net Control needs you to repeat a data element they will ask you at this time.

2. Proper Reading Speed
   a. Please remember that we are copying the information you transmit by hand. Think of how long it would take you to copy the item back onto the paper

form and pace yourself accordingly.

b. It is easier for us to tell you to read faster than to ask for repeats data elements when we miss something.

c. A online demonstration video highlighting the proper message passing technique and reading speed is available at http://youtu.be/Pq2cHKmynDQ

3. Identify Yourself

a. You are required to identify using your FCC call sign every 10 minutes and at the end of communications. The easiest way to meet this requirement is to say your call sign at the end of each series of transmissions, such as when you have completed giving your report.

b. Use your facility organization name (San Joaquin General, Dameron, Sutter Tracy, etc.) as your tactical call sign. However, you are still required to identify using your FCC call sign as described above.

4. Which Frequency?

a. Start on Channel 22 (SJC2). Drills and emergencies start on memory Channel 22, labeled “SJC2” on the radio's display. If that channel is unavailable or down for some reason, look for Net Control (K6EMS) on Channel 24 “SJC4” or any other memory channel between 21 and 30 (SJC1-10). Tune among the channels, stopping briefly on each, until you find us.

b. If you have trouble call Net Control at (209) 468-7052 or 468-7494.

5. Licensed Operators

a. To participate in exercises, a licensed amateur radio operator must be present and his or her amateur radio call sign must be used. However, any number of non-licensed persons may participate using that call sign. Anyone with an amateur radio license should use his or her own call sign and not someone else's call sign.

b. In an emergency situation where lives or property are threatened and no other communications method is available, anyone may operate the amateur radio equipment until a licensed operator is available. In this event, identify using your facility name.

c. Coalition members can request a licensed volunteer radio operator through the San Joaquin County Unit of the California Disaster Healthcare Volunteers (DHV) by submitting a DHV Mission Request Form available online at http://sjgov.org/ems/PDF/DHV_Mission_%20Request_%20Form092311.pdf

6. Just-In-Time Training Resources

   Amateur radio just-in-time training resources have been created to teach members of the San Joaquin Operational Area Healthcare Coalition, healthcare professionals and volunteer how to operate pre-programmed amateur radio equipment found at healthcare facilities in San Joaquin County. The training resources are intended to provide basic “how-to” information and are not a full course in radio operation.

   The just-in-time training resources are available online at http://sjgov.org/ems/emergencyPreparedness.htm.

7. Contact Information

   a. Phillip Cook (KI6OAG) pcook@sjgov.org or (209) 468-7494

Appendix A – Basic Amateur Radio Communications Plan (ICS 205)

1. Incident Name: Basis Amateur Radio Communications Plan			2. Date/Time Prepared: Date: Time:				3. Operational Period: Date From: Time From: Date To: Time To:			
4. Basic Radio Channel Use:										
Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks
	21	STOCKTON	SJC1 REPEATER		147.210 W		147.810 W	114.8	A	NE Stockton Linked to 444.500 PL 114.8
	22	SOUTH COUNTY PRI/TRACY	SJC2 REPEATER	PRIMARY	146.655 W		146.055 W	100.0	A	Site 300 Wide Coverage
	23	SOUTH COUNTY HT COVERAGE	SJC3 REPEATER		145.210 W		144.610 W	100.0	A	10 mi S of Tracy Wide Coverage
	24	NORTH COUTY PRI	SJC4 REPEATER	SECONDARY	147.090 W		147.690 W	114.8	A	Valley Springs Wide Coverage
	25	MANTECA PRI	SJC5 REPEATER		146.985 W		146.385 W	100.0	A	Downtown Manteca Local Coverage
	26	SDARC	SJC6 REPEATER		147.165 W		147.765 W	107.2	A	Stockton Delta Amateur Radio Club Repeater
	27	GOPHER RIDGE	SJC7 REPEATER		147.015 W	114.8	147.615	114.8	A	Copperopolis Wide Coverage
	28	NORTH STOCKTON HT	SJC8 REPEATER		147.105 W		147.705 W	67.0	A	Kaiser Clinic Stockton Local Coverage
5. Special Instructions:										
6. Prepared by (Communications Unit Leader): Name: _____ **Signature:** _____										
ICS 205		**IAP Page** ____		**Date/Time:** 1/12/15						

Appendix A – Basic Amateur Radio Communications Plan (ICS 205) Continued…

1. Incident Name: Basis Amateur Radio Communications Plan				2. Date/Time Prepared: Date: Time:				3. Operational Period: Date From: Time From: Date To: Time To:			
4. Basic Radio Channel Use:											
Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks
	29	SOUTH COUNTY B/UP	SJC9 REPEATER		146.895 W	114.8	146.295 W	114.8	A	Mt. Oso Wide Coverage
	32	TACTICAL	TAC1 Simplex		146.550 W		146.550 W		A	
	36		CALL		146.520 W		146.520 W		A	National Calling Channel
	38	TACTICAL	TAC3 Simplex		146.535 W		146.535 W		A	
	39	TACTICAL	TAC4 Simplex		146.430 W		146.430 W		A	
	40	TACTICAL	TAC6 Simplex		146.565 W		146.565 W		A	
	41	TACTICAL	TAC7 Simplex		146.595 W		146.595 W		A	
	42	TACTICAL	TAC8 Simplex		146.445 W		146.445 W		A	
5. Special Instructions: Use caution not to assign adjacent simplex frequencies too closely to avoid adjacent channel interference.										
6. Prepared by (Communications Unit Leader): Name: _____ **Signature:** _____										
ICS 205			**IAP Page** ____		**Date/Time:** 1/12/15					

Appendix 3.13 Amateur Radio Frequency Plan

CH #	DISPLAY	LONG NAME	FRIENDLY NAM	RECEIVE	CTCSS	+/-	TRANSMIT	TX TONE	USAGE	LOCATION	NOTES
CHANNELS 1-20 ARE USER OPTION. THEY ARE SHOWN PROGRAMMED FOR CONVENIENCE ONLY.											
1	STCK	STOCKTON	STCK	147.2100	114.8	+	147.8100	114.8	Stockton VHF handheld	Coronado Tower	N5FDL Handie-talkie coverage in Stockton. Mobile coverage Tracy to Lodi. Automatic backup power. LINKED TO K6TRK UHF REPEATER.
2	TRACY	SITE300	TRACY	146.6550	100.0	-	146.0550	100.0	South County Primary	Site 300 (Altamont)	AB6CR Wide coverage. Located at Site 300, in the Altamont, this repeater has excellent mobile coverage but is shadowed up close because it is so far back in the Altamont. Covers North to South Sacramento and South along 99 to Merced. Not good on I-5. AUTOMATIC BACKUP POWER.
3	WA6SEK	MT DELUX	WA6SEK	145.2100		-	144.6100	100.0	South County B/U - Backup for SJC1	Mt. Deluxe (near Oso)	WA6SEK Wide coverage. Located 10 miles south of Tracy. SOLAR POWER.
4	LODI	BEAR MTN	LODI	147.0900		+	147.6900	114.8	North County and Lodi Primary	Bear Mtn.	WB6ASU Wide coverage. Bear Mtn. near Valley Springs. Works well countywide, often with talkie coverage. No backup power.
5	MANTECA	MANTECA	MANTECA	146.9850	100.0	-	146.3850		Manteca Primary	Dtwn Manteca	K6MAN On downtown water tower. Local coverage. BACKUP POWER UNKNOWN. Yaesu System Fusion NO TX PL
6	SDARC	SDARC	SDARC	147.1650	107.2	+	147.7650	107.2	Stockton	Fiddletown (Amador County)	W6SF SDARC Repeater, located in Fiddletown, Amador County. Fairly wide coverage but doesn't cover all of Stockton. Voter at Hammer and Dawn improves coverage in North Stockton. BACKUP POWER UNKNOWN.
7	GOPHER	GOPHER RIDGE	GOPHER	147.0150	114.8	+	147.6150	114.8	East San Joaquin Co., Stanislaus County, Calaveras County.		N6GKJ/N5FDL. 1,600 feet on Gopher Ridge, west of Copperopolis. Wide coverage, especially to the south. No backup power at present.
8	STCKPD	STCKPD	SPD	147.1050	94.8	+	147.7050	94.8		Stockton PD HQ downtown	Not presently in-service 2/2017
9	OSOVHF	OSO VHF	OSOVHF	146.8950	114.8	-	146.2950	114.8	South County	Mt. Oso	N5FDL Wide coverage, but weak up close (Tracy). New antenna should help. 3,300 feet on Mt. Oso. No courtesy tone and no PL on CW ID. AUTOMATIC BACKUP POWER
10	GOPH-U	GOPHER UHF	GOPH-U	444.4000	114.8	+	449.4000	114.8	East County		N5FDL 1,600 feet on Gopher Ridge, west of Copperopolis. Wide coverage, especially to the south. No backup power at present.
11	K6KJQ	STOCKTON ALTERNATE	K6KJQ	444.3250	94.8	+	449.3250	94.8	Stockton downtown	Stockton PD HQ	K6KJQ Downtown Stockton. Good coverage. Handheld in Stockton.
12	OSOUHF	OSO UHF	OSOUHF	443.8250	107.2	+	448.8250	107.2		Mt. Oso	N5FDL 2-Watt repeater with excellent receiver. Good coverage in open areas with southerly view.Someday link to SJC9. AUTOMATIC BACKUP POWER\
13	W6SF-U	W6SF UHF	W6SF-U	444.5750	107.2	+	449.5750	107.2		Downtown Stockton	W6SF SDARC Repeater, located downtown Stockton.
14	KB6EMK	KB6EMK	KB6EMK	444.8500	127.3	+	449.8500	127.3		Tracy	Located at Fire Station 94 on Schulte Rd. Mobile coverage to Stockton.
15	K6TRK	K6TRK	K6TRK	444.5000	114.8	+	449.5000	114.8	Stockton UHF	Stockton	K6TRK/N5FDL Coronado Tower -- LINKED TO 147.210
16	TCY-L	TRACY LOCAL	TRACY-L	440.3500	100.0	+	445.3500	100.0	Tracy city coverage	North Tracy	Low-level
17	WINSYS	WiN System	WIN System	443.5250	107.2	+	448.5250	107.2	Modesto/Stockton	Mt. Oso	WINSYSTEM Added for emergency use. Also on Channel 45.
18											RESERVED
19	LLNL	LLNL	LLNL	146.7750	100.0	-	146.1750	100.0	Link from Livermore to 146.655	Livermore LLNL	W6LLL Linked to 146.655
20	TAC-U	TACTICAL REPEATER	TAC-U	441.8750	114.8	+	446.8750	114.8	Portable repeater		This is a test pair that can be used for a tactical repeater.
21	SJC1	STCK	STCK	147.2100	114.8	+	147.8100	114.8	Stockton VHF handheld	Coronado Tower, NE Stockton	N5FDL Handie-talkie coverage in Stockton. Mobile coverage Tracy to Lodi. Automatic backup power.

22	SJC2	SOUTH PRIMARY	TRACY	146.6550	100.0	-	146.0550	100.0	South County Primary	Site 300 (Altamont)	W6LLL Wide coverage. Located at Site 300, in the Altamont, this repeater has excellent mobile coverage but is shadowed up close because it is so far back in the Altamont. Covers North to South Sacramento and South along 99 to Merced. Not good on I-5. AUTOMATIC BACKUP POWER.
23	SJC3	SOUTH ALTERNATE	WA6SEK	145.2100		-	144.6100	100.0	South County Alternate	Mt. Deluxe (near Oso)	WA6SEK Wide coverage. Solar power. Located 10 miles south of Tracy.
24	SJC4	NORTH PRIMARY	LODI	147.0900		+	147.6900	114.8	North County and Lodi Primary	Bear Mtn., Calaveras County	WB6ASU Wide coverage. Bear Mtn. near Valley Springs. Works well countywide, often with talkie coverage.
25	SJC5	MANTECA PRIMARY	MANTECA	146.9850	100.0	-	146.3850		Manteca Primary	Downtown Manteca	K6MAN On downtown water tower. Local coverage.BACKUP POWER UNKNOWN. Yaesu System Fusion NO TX PL
26	SJC6	NORTH ALTERNATE	SDARC	147.1650	107.2	+	147.7650	107.2	Stockton	Fiddletown (Amador County)	W6SF SDARC Repeater, located in Amador County. Fairly wide coverage but doesnâ€™t cover all of Stockton. Voter at Hammer & Dawn improves coverage in North Stockton. BACKUP POWER UNKNOWN.
27	SJC7	EAST PRIMARY	GOPHER	147.0150	114.8	+	147.6150	114.8	East an Joaquin Co., Stanislaus County, Calaveras County.	Gopher Ridge, Calaveras County	N5FDL 1,600 feet on Gopher Ridge, west of Copperopolis. Wide coverage, especially to the south. No backup power at present.
28	SJC8	STOCKTON PD	SPD	147.1050	94.8	+	147.7050	94.8	North Stockton	Stockton PD HQ downtown	
29	SJC9	MT OSO	OSOUHF	146.8950	114.8	-	146.2950	114.8	South County	Mt. Oso, Stanislaus County. 7mi west of Westley	Not reliably functional at present.
30	SJC10	GOPHER UHF	GOPH-U	444.4000	114.8	+	449.4000	114.8	East County	Gopher Ridge, Copperopolis	N5FDL 1,600 feet on Gopher Ridge, west of Copperopolis. Wide coverage, especially to the south. No backup power at present.
31	SJC11	STOCKTON ALTERNATE	K6KJQ	444.3250	94.8	+	449.3250	94.8		Stockton PD HQ, Downtown	K6KJQ Downtown Stockton. Good coverage.
32	SJC12	MT OSO UHF	OSOUHF	443.8250	107.2	+	448.8250	107.2		Mt. Oso, Stanislaus County. 7mi west of Westley	N5FDL 2-Watt repeater with excellent receiver. Good coverage in open areas with southerly view.Someday link to SJC9. AUTOMATIC BACKUP POWER.
33	SJC13	W6SF-U	W6SF-U	444.5750	107.2	+	449.5750	107.2	Stockton	Downtown Stockton	K6KJQ Downtown Stockton. May change location.
34	SJC14	KB6EMK	KB6EMK	444.8500	127.3	+	449.8500	127.3	Tracy	Tracy FS 94, Schulte Rd. Near Safeway	Memorial to Bob, KB6EMK. Operated by N5FDL. Mobile coverage to Stockton.
35	SJC15	K6TRK	K6TRK	444.5000	114.8	+	449.5000	114.8	Stockton	Coronado Tower, NE Stockton	Linked to SJC1. Collocated with SJC1
36	CALL	NATL CALLING	CALL	146.5200			146.5200	100.0	SIMPLEX		
37	REDX	RED CROSS	REDX	147.4200			147.4200	100.0	SIMPLEX		
38	TAC1	SJ SIMPLEX 1	TAC1	146.5500			146.5500	100.0	SIMPLEX		
39	TAC3	SJ SIMPLEX 3	TAC3	146.5350			146.5350	100.0	SIMPLEX		Lodi
40	TAC4	SJ SIMPLEX 4	TAC4	146.4300			146.4300	100.0	SIMPLEX		
41	TAC6	SJ SIMPLEX 6	TAC6	146.5650			146.5650	100.0	SIMPLEX		
42	TAC7	SJ SIMPLEX 7	TAC7	146.5950			146.5950	100.0	SIMPLEX		
43	TAC8	SJ SIMPLEX 8	TAC8	146.4450			146.4450	100.0	SIMPLEX		
44	LLNL	LLNL	LLNL	146.7750		-	146.1750	100.0	LINKS TO SJC2	Admin Bldg at LLNL Livermore	Located next to 4-sty bldg. at LLNL. Links to 146.655.
45	WINSYS	WINSYSTEM	WIN System	443.5250	107.2	+	448.5250	107.2	WIN System	Mt. Oso	Emergency calling frequency if you canâ€™t find help someplace else. Big linked system.
46											
47											RESERVED
48	TCY-L	TRACY LOCAL	TCY-L	440.3500	100.0	+	445.3500	100.0	Local coverage	Tracy Near 11th and 205	KQ6TO
49	TAC-U	TACTICAL REPEATER	TAC-U	441.8750	114.8	+	446.8750	114.8	Portable repeater		
50	WX	NOAA WEATHER RADIO	NOAAWX	162.5500						Sacramento	This is the channel for the Central Valley.

REGIONAL MUTUAL AID CHANNELS									Alameda Co.		
51	ALCO1	ALAMEDA CO	147.2400	+	147.8400	107.2					
52	AMA1	AMADOR COUNTY	146.8350	-	146.2350	100.0			Pine Grove		
53	CALA1	CALAVERAS COUNTY	145.1700	-	144.5700	100.0			Angels Camp	I:3428 Offset issues on V-7	
54											
55	COAL1	COALINGA	147.3300	+	147.9300	100.0			Coalinga	W6IYY	
56	DIAB1	MT. DIABLO	147.0600	+	147.6600	100.0			Mt. Diablo	I:3057 E:92518	
57	DIAB2	MORGAN TERRITORY	145.3500	-	144.7500	100.0	CTCSS		Morgan Territory	AB6CR Use CTCSS	
58	ELDO1	EL DORADO	147.8250	-	147.2250	82.5			Camino	OES	
59	MOD1	SARA REPEATER	145.3900	-	144.7900	136.5			Modesto	Wide coverage from Mt. Oso on East slope.	
60	SAC1	SACRAMENTO	146.9100	-	146.3100	162.2			Sacramento	OES, DGS, Blood Bank	
61	STAN1	STANISLAUS COUNTY	145.1100	-	144.5100	136.5			Modesto (low-level)	Stan ARES	
62	SUTT1	SUTTER	146.0850	+	146.6850	127.3			Sutter		
63	TUO1	MOCCASIN	145.2900	-	144.6900	100.0			Moccasin	Tuolumne Co.	
64	TUO2	SONORA	147.9750	-	147.3750	100.0			Pinecrest	Tuolumne Co.	
65	TUO3	TUOLUMNE ARC	147.9450	-	147.3450	100.0			Columbia	Tuolumne Co.	
66	TUR1	TURLOCK CLUB REPEATER	147.0300	+	147.6300	100.0			Mariposa (Mt. Bullion)	Turlock ARC	
67	VACA1	MT. VACA	147.1950	+	147.7950	123.0			Vacaville	SVC ARES CA DEPT OF HEALTH I:7650	
68	YNP1	YOSEMITE NP	147.0000	+	147.6000	107.2			YNP	Linked to 147.030	
69										RESERVED	
70											
PACKET CHANNELS (WINLINK)											
71	PKTU		433.5900							FUTURE USE W/INLINK/PACKET	
72	PKT1		441.5000							FUTURE USE W/INLINK/PACKET	
73	PKT2		145.0100							FUTURE USE W/INLINK/PACKET	
74	PKT3		144.9100							FUTURE USE W/INLINK/PACKET	
75	PKT4		145630.0000							FUTURE USE W/INLINK/PACKET	
76	PKT5		145.6900							FUTURE USE W/INLINK/PACKET	
	PKT6		145.7300							FUTURE USE W/INLINK/PACKET	
78	EMSRMS		144.3100		144.3100	100.0				K6EMS-10 RMS Stockton (K6EMS@winlink.org)	
79	APRS	APRS	144.3900		144.3900	100.0				National APRS	
80	APRS2	APRS	144.4100		144.4100	100.0				Northern California APRS Alternate	
SIMPLEX CHANNELS (ALL IN BAND PLAN)											
81			146.4150			100.0	SIMPLEX				
82			146.4300			100.0	SIMPLEX			TAC4	
83			146.4450			100.0	SIMPLEX			TAC 8 CAL FIRE SCU VIP	
84			146.4600			100.0	SIMPLEX				
85			146.4750			100.0	SIMPLEX				
86			146.4900			100.0	SIMPLEX				
87			146.5050			100.0	SIMPLEX				
88			146.5200			100.0	SIMPLEX			National Simplex	
89			146.5350			100.0	SIMPLEX			TAC3 Lodi ARES Simplex	
90			146.5500			100.0	SIMPLEX			TAC1	
91			146.5650			100.0	SIMPLEX			TAC6	
92			146.5950			100.0	SIMPLEX				
93			147.4050			100.0	SIMPLEX				
94			147.4200			100.0	SIMPLEX			REDX Red Cross simplex	
95			147.4350			100.0	SIMPLEX				
96			147.4500			100.0	SIMPLEX				
97			147.4650			100.0	SIMPLEX				
98			147.4800			100.0	SIMPLEX				
99			147.4950			100.0	SIMPLEX				
100			147.5100			100.0	SIMPLEX				

101				147.5250				100.0	SIMPLEX			
102				147.5400				100.0	SIMPLEX			
103				147.5550				100.0	SIMPLEX			
104				147.5700				100.0	SIMPLEX			
105				147.5850				100.0	SIMPLEX			

Appendix 3.14 Med Net Radio (ICS-205)

Incident Radio Communications Plan (ICS 205)

Incident Name Med Net Radio System		Operational Period		Date From 2018-06-27T14:13:24 Time From 13:05:10			Date To 2018-06-27T14:13:24 Time To 13:05:10		
Basic Radio Channel Use									
Zone Grp.	**Ch #**	**Function**	**Channel Name/ Trunked Radio System Talkgroup**	**Assignment**	**Rx Freq N or W**	**RX Tone/NAC**	**TX Freq N or W**	**TX Tone/NAC**	**Mode (A, D, or M)**
	Med 1	Hospital Contact, Base Hospital Orders, Patient Destinations	Med Net	San Joaquin General Hospital	N	463.0000 / DPL 132	N	468.1000 / DPL 132	A
		Remarks							
		North county coverage using low level voter/receivers. North of Eight Mile Rd.							
	Med 2	Hospital Contact, Base Hospital Orders, Patient Destinations	Med Net	San Joaquin General Hospital	N	463.0250 / 5B	N	468.0250 / 5B	A
		Remarks							
		South county coverage using low level voter/receivers. South of Eight Mile Rd.							
	Med 3	Hospital Contact	Med Net	Kaiser Hospital Manteca	N	463.0500 / DPL 331	N	468.0500 / DPL 331	A
		Remarks							
		Simplex ambulance to hospital communications							
	Med 4	Hospital Contact	Med Net	Sutter Tracy Community Hospital	N	463.0750 / 5B	N	468.0750 / 5B	A
		Remarks							
		Simplex ambulance to hospital communications							
	Med 5	Hospital Contact	Med Net	Doctor's Hospital of Manteca	N	463.1000 / DPL 532	N	468.1000 / DPL 532	A
		Remarks							
		Simplex ambulance to hospital communications							
	Med 6	Hospital Contact	Med Net	Lodi Memorial Hospital	N	463.1250 / 5B	N	468.1250 5B	A
		Remarks							
		Simplex ambulance to hospital communications							

	Med 7	Hospital Contact	Med Net	Dameron Hospital	N	463.1500 / DPL 732	N	468.1500 / DPL 732	A
		Remarks							
		Simplex ambulance to hospital communications							
	Med 8	Hospital Contact	Med Net	St. Joseph's Medical Center	N	463.1750 / 5B	N	468.1750 / 5B	A
		Remarks							
		Simplex ambulance to hospital communications							
Special Instructions									
Prepared by **Name** Phillip Cook **Signature** _____					**Position/Title** **Date/Time** 06/27/2018 13:26:31				

Appendix 3.15 Demobilization Plan Template

A Word version of this Demobilization Plan Template is available in the WebEOC Advanced File Library, and can be modified to meet any coalition member needs. This template is intended for use by individuals who have a basic understanding of the Demobilization Unit Leader (DMOB) position and the use of applicable ICS forms.

Demobilization is the orderly, safe, and efficient return of an incident resource to its original location and status.

The Demobilization Unit develops an Incident Demobilization Plan that includes specific instructions for all personnel and resources that will require demobilization. This Unit should begin its work early in the incident, creating rosters of personnel and resources, and obtaining any missing information as check-in proceeds. Note that many city and county-provided resources are local, and as such do not require specific demobilization instructions. Once the Incident Demobilization Plan has been approved, the Demobilization Unit ensures that it is distributed both at the incident and elsewhere as necessary.

DEMOBILIZATION UNIT LEADER POSITION CHECKLIST:

TASKS

❑ 1. Obtain briefing from Planning Section Chief:
- Determine objectives, priorities and constraints on demobilization.

❑ 2. Review incident resource records to determine scope of demobilization effort:
- Resource tracking system.
- Check-in forms.
- Master resource list.

❑ 3. Meet with agency representatives to determine:
- Agencies not requiring formal demobilization.
- Personnel rest and safety needs.
- Coordination procedures with cooperating-assisting agencies.

❑ 4. Assess the current and projected resource needs of the Operations Section.

❑ 5. Obtain identification of surplus resources and probable release times.

❑ 6. Determine logistical support needs of released resources (rehab, transportation, equipment replacement, etc.).

❑ 7. Determine Finance/Administration, Communications, Supply, and other incident check-out stops.

- ☐ 8. Determine de-briefing requirements.
- ☐ 9. Establish communications links with off-incident organizations and facilities.
- ☐ 10. Prepare Demobilization Plan and Check-Out (ICS-221):
    - General - Discussion of demobilization procedure.
    - Responsibilities - Specific implementation responsibilities and activities.
    - Release Priorities - According to agency and kind and type of resource.
    - Release Procedures - Detailed steps and process to be followed.
    - Directories - Maps, telephone numbers, instructions and other needed elements.
    - Continuity of operations (follow up to incident operations):
        - Public Information.
        - Finance/Administration.
        - Other.
    - Designate to whom outstanding paperwork must be submitted.
    - Include demobilization of Incident Command Post staff. In general, Incident Command Post staff will not be released until:
        - Incident activity and work load are at the level the agency can reasonably assume.
        - Incident is controlled.
        - On-scene personnel are released except for those needed for final tactical assignments.
        - Incident Base is reduced or in the process of being shut down.
        - Planning Section has organized final incident package.
        - Finance/Administration Section has resolved major known finance problems and defined process for follow-up.
        - Rehabilitation/cleanup accomplished or contracted.
        - Team has conducted or scheduled required debriefings.
- ☐ 11. Obtain approval of Demobilization Plan from Planning Section Chief.
- ☐ 12. Distribute Demobilization Plan to processing points both on and off incident.
- ☐ 13. Monitor implementation of Demobilization Plan.
- ☐ 14. Assist in the coordination of the Demobilization Plan.
- ☐ 15. Provide briefing to relief on current activities and unusual events.

- ❑ 16. Document all activity on Unit Log (ICS Form 214).
- ❑ 17. Give completed incident files to Documentation Unit Leader for inclusion in the final incident package.

Incident Name

Demobilization Plan

Location: _____

Date Prepared: _____ Time Prepared: _____

Prepared by: _____ Title: Demobilization Unit Leader

Approved by: _____ Title: Planning Section Chief

Approved by: _____ Title: Logistics Section Chief

Approved by: _____ Title: Operations Section Chief

Approved by: _____ Title: Finance Section Chief

Approved by: _____ Title: Safety Officer

Approved by: _____ Title: Liaison Officer

Approved by: _____ Title: Incident Commander

Approved by: _____ Title: Incident Commander

Approved by: _____ Title: Incident Commander

Name of Incident Demobilization Plan

I. GENERAL INFORMATION

All functional units (Operations, Logistics, Finance, Command & General Staff) will advise the Planning Section of resources that are surplus to their sections/units. The Planning Section will identify resources surplus to the incident's needs and obtain approval from the Incident Commander for release. The Demob Unit will manage the release, return or reassignment of all surplus resources. The Demob process requires close coordination between the Incident Demobilization Unit Leader and (Incident Dispatch Center(s) Location.

The size and location of the Incident Base lends itself to the holding of surplus equipment and personnel while in the demobilization process.

II. GENERAL GUIDELINES

A. NO resources will leave the Incident until authorized to do so by the Incident Commander facilitated through the Demob Unit.

B. All releases and travel home or to a reassignment will be in compliance with the work/rest guidelines. Emphasis will be placed to ensure that all released personnel arrive home no later than 2200 hours local time or as authorized by the Incident Commander. Resources will have a minimum of at least 8 consecutive hours off duty before beginning a shift or demobilization.

C. All Vehicles leaving the incident will have a safety inspection and deficiencies will be corrected prior to departure for home or reassignment.

D. All tactical supervisors will be briefed by the Demob Unit prior to leaving the incident. The briefing will include: 1) method of travel 2) itinerary 3) manifests with destinations.

E. All personnel flying commercial airlines will be given time to shower and dress in clean clothes prior to departure. A photo I.D. and travel authorization number (if necessary) is required by all personnel. The Demob Unit will work with Logistics or Agency Ordering Point (AOP) to make all flight arrangements unless another process is agreed upon.

F. Notification of Incident personnel will be by posting of “Tentative Releases” in advance. Tactical supervisors will be notified when the Demob process is to begin.

G. Resources that have been reassigned within Geographic Areas will always be released on the original order and request number.

H. Contractors/Operators of oversize vehicles (e.g. transports) are responsible for obtaining required permits for the return trip back to their point of hire.

I. Actual departure times and estimated time of arrival (ETA) at final destination will be relayed to the Demob Unit upon departure of all resources from the base. This includes all contract equipment and services.

J. Personnel Performance Ratings (ICS-225) are required for:

   a. Trainees

   b. Outstanding performance

   c. Deficient performance

   d. By Personal Request

III. RESPONSIBILITIES

Section Chiefs are responsible for determining resources surplus to their needs and submitting a written list (ICS-213) to the Planning Section with destination, travel needs and Request Numbers.

The Demobilization Unit Leader (DMOB) is responsible for:

- Preparing the Demobilization Plan and obtaining approvals.
- Preparing the “Tentative Release” list and obtaining approvals. Provide a copy of the approved “Tentative Release” list to the Resources Unit Leader.
- Providing Logistics with confirmation of departing resources (including contact equipment) with their departure time and ETD at their final destination (If they have their own transportation).
- Making advance notification to incident personnel regarding tentative and final releases.
- Ensuring that all signatures are obtained on the Demob Checkout Form (ICS-211).
- Monitoring the Demob process and making necessary adjustments in the process to maintain an orderly and safe release of all resources and ensure accurate and timely flow of release information.

The Incident Commander (IC) is responsible for:

- Establishing Incident release priorities.
- Review and approval of Demobilization Plan.
- Review and approval of “Tentative Release” list.

The Safety Officer (SOFR) is responsible for:

- Identifying any special safety consideration for the Demob Plan.
- Approval of tentative surplus resources.

The Planning Section Chief (PSC) is responsible for:

- Review and approval of the Demob Plan.
- Review and approval of the “Tentative Release” list.

The Logistics Section Chief (LSC) is responsible for:

- Insuring through the Facilities Unit, that all sleeping and work areas are cleaned up prior to release.
- Insuring, through the Supply Unit, that all non-expendable property items are returned or accounted for prior to release.
- Insuring, through Ground Support, that there will be adequate ground transportation during the release process and that all vehicles receive a safety inspection prior to leaving the incident. Any deficiencies must be corrected.
- Insuring through the Communications Unit that all communications equipment has been returned or accounted for.
- Insuring, through the Food Unit, that there will be adequate meals for those being released and for those remaining in camp.
- Review and approval of the Demob Plan.
- Approval of tentative surplus (Logistics) resources.

The Finance Section Chief (FSC) is responsible for:

- Completion of all time and equipment reports for released resources.

- Contract equipment payments.
- Reviewing and providing excessive shift length justification with IC's signature.
- Approval of tentative surplus (Finance) personnel.
- Compensations Claims Unit Leader (COMP) ensures that any paperwork is completed before injured personnel are released.
- Review of the Demob Plan.

The Operations Section Chief (OSC) is responsible for:

- Review of the Demob Plan.
- Approval of the tentative surplus (Operations) personnel.

The Liaison Officer (LOFR) is responsible for:

- Providing any agency specific requirements for the Demob Plan.

IV. RELEASE PRIORITIES

The following release priorities have been established by the IC:

1. Private contractors
2. All out of county resources (furthest distance to travel back home).
3.
4.
5.
6.

V. RELEASE PROCEDURES

Command & General Staff will identify surpluses within their units and submit a list (or lists) to the Demob Unit Leader in the Planning Section.

Demob will combine lists and form a "Tentative Release" list to be submitted to the Planning Section Chief and Incident Commander for review and approval. The Demob Unit will coordinate with the Resources Unit so that the resource status board(s) can be

kept current. All incident formed strike teams and/or task forces must be disbanded before IC approval and release from the incident.

After IC approval:

- Demob will notify Logistics of the tentative releases and obtain approval.
- Demob will provide a minimum of 24 hours' notice to all resources on the tentative release list.
- Demob will also give Ground Support sufficient time to arrange for ground transportation for crews and overhead from the base to the departure point.

Demob will advise Logistics or Agency Ordering Point (AOP) of all surplus resources available for release, specifying those needing air transportation, identifying the nearest commercial airport to their home unit.

If the resource is to be reassigned, Resources Unit will so advise the Demob Unit. The resource will be released to the new assignment and Logistics advised of the ETD & ETA.

If there is no reassignment for the resources and the resource has transportation, the Resources Unit will advise Demob to release the resource back to the home unit. If the resource requires ground transportation, the Ground Support Unit will arrange transportation and coordinate with the Demob Unit.

When the Demob Unit receives confirmation of the release from the Resources Unit, notification will be as follows:

- Personnel to be released and prepare transportation manifests,
- Provide the tactical supervisors or individuals with the Demob Checkout form (ICS-221)
- Tactical supervisors or individuals will take the Demob Checkout form (ICS-221) to the following destinations for sign offs:
    - Communications U.L (if communications equipment has been issued).
    - Ground Support U.L. (for vehicle safety inspection as needed)
    - Facilities U.L. (to be sure all sleeping areas are clean)
    - Supply U.L. (to return all non-expendable property)
    - Finance Unit (to close our time and obtain Fire Time Report)
    - Documentation Unit (ie: Unit Logs, performance ratings)
    - Demob U.L. **(WITH ALL SIGNATURES)**

Demob Unit will be last stop in the release process. Demob will:

- Collect and signed-off the Demob Checkout Form (ICS-221)
- Brief the released personnel on method of travel, schedule, and time frames.
- Release the resource from the incident base.
- Advise Logistics of ETD & ETA to the home base or transportation point.
- Coordinate with the Resources Unit so that resource status is kept current.

- Coordinate with Security for inspection, if required by the Incident Commander.

VI. TRAVEL INFORMATION - Incident Directory

INCIDENT BASE PHONE NUMBERS

COMMUNICATIONS: _____

DEMOB: _____

PLANS: _____

SUPPLY: _____

FINANCE: _____

PIO: _____

GROUND SUPPORT: _____

AGENCY DISPATCH: _____

Appendix 3.16 Disaster Healthcare Volunteer (DHV) Mission Assignment Guide

San Joaquin County
Emergency Medical Services Agency

Disaster Healthcare Volunteers
Volunteer Mission Assignment Guide

June 17, 2019

I. Purpose:

To provide volunteers clear directions to be followed during all mission assignments.

II. Scope:

This guide is applicable to all San Joaquin County Disaster Healthcare Volunteers.

III. Introduction:

Chaos is the one thing all emergencies or disasters have in common. In order to effectively manage and mitigate emergencies, the chaos must be eliminated or greatly reduced. This is accomplished through the implementation of the Incident Command System (ICS). It is only through the strict adherence to ICS principles that chaotic disasters are transformed into manageable incidents. In healthcare settings ICS is commonly referred to as the Hospital Incident Command System (HICS).

The ability of Disaster Healthcare Volunteers to effectively assist with the mitigation of emergencies is directly related to how well each volunteer can integrate into the Incident Command System. This will require volunteers to be familiar with the mission request process and volunteer responsibilities outlined in this guide.

Volunteers may be requested and assigned to participate in disaster exercises, which are designed to simulate real emergencies. Volunteers are expected to conduct themselves in the same manner as they would for a real emergency.

IV. Mission Requests:

The San Joaquin County EMS Agency receives DHV mission requests from agencies or healthcare facilities on the DHV Mission Request Form http://sjgov.org/ems/PDF/DHV_Mission_%20Request_%20Form092311.pdf.

The EMS Agency uses this information to create a mission request in the DHV system and searches the database to find volunteers that meet the required qualifications. A mission availability message is then sent to appropriate volunteers to determine their availability to participate in the mission.

V. Mission Assignments:

From the list of available volunteers, the required numbers of volunteers are selected for mission assignment. The assigned volunteers are then provided with the following mission specific information through the DHV system:

1. Check-in date
2. Check-in time
3. Check-in location
4. Point of contact at destination
5. Job assignment description

6. What to bring
7. What is being provided (meals, lodging, etc.)
8. EMS Agency Representative contact information

VI. Volunteer Responsibilities:

To ensure the success of the mission, each volunteer is responsible for the following:

1. To follow the assignment instructions provided to you through the DHV system.
    a. You are encouraged to print out the mission assignment instructions and take them with you.

2. Never respond to a mission until you have been requested and assigned.

3. Never invite non-DHV members (friends or family) to join you.
    a. Only DHV volunteers requested and assigned through the DHV system are authorized to participate in the mission.

4. Check-in on time
    a. Showing up late or early causes problems. In many cases check-in times are staggered between groups to avoid delays and bottle necks during the check-in process. It is important that you check-in at your assigned time.

5. Receive a briefing from your immediate supervisor and follow instructions.
    a. Ask questions if you are not sure what your assigned duties are.

6. Follow the established chain-of-command.
    a. Ask your immediate supervisor to explain the chain-of-command, do not assume you know it.
        i. You only work for one person, make sure you know who that person is.
        ii. Violating the chain-of-command creates serious problems.
        iii. You may be released from the mission and sent home if you violate the chain-of-command.

7. Acquire necessary work materials and Personal Protective Equipment (PPE).

8. Conduct all tasks in a manner that ensures the safety and welfare of you and your co-workers.

9. Immediately report safety hazards to your immediate supervisor or the Incident Safety Officer.

10. Immediately report injuries to your immediate supervisor.

11. Report all injuries to EMS Agency Representative as soon as initial treatment and stabilization has been completed.

12. Be professional and courteous.

13. Notify the EMS Agency Representative (24/7) if your mission assignment is not going well.

14. Contact the EMS Agency Representative if you have questions or other problems not covered above.

VII. Incident Command System (ICS) Training:

Having a basic understanding of ICS will help Disaster Healthcare Volunteers integrate into Incident Command System during disasters and exercises. The following online and self-paced training courses are available at no cost from the Federal Emergency Management Agency's (FEMA) Independent Study Program:

1. IS-100.C: Introduction to Incident Command System
   https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c
2. IS-200.C: Basic Incident Command System for Initial Response
   https://training.fema.gov/is/courseoverview.aspx?code=IS-200.c
3. IS-700.B: An Introduction to the National Incident Management System
   https://training.fema.gov/is/courseoverview.aspx?code=IS-700.b

VIII. Volunteer Mission Assignment Checklist:

- ❑ Receive and follow your mission assignment.
- ❑ Print out a copy of the mission assignment from the DHV system and bring it with you.
- ❑ Do not respond if you haven't been requested.
- ❑ Check-in at the assigned location and time.
- ❑ Ask to speak with your Point of Contact.

- ❑ Receive a briefing from your immediate supervisor.
- ❑ Acquire necessary work materials and PPE.
- ❑ Follow the established chain-of-command.
- ❑ Conduct all tasks in a safe manner.
- ❑ Immediately report safety hazards to your immediate supervisor or the Incident Safety Officer.
- ❑ Immediately report injuries to your immediate supervisor.

Appendix 3.17 HICS 251-Facility System Status Report

1. Incident Name		**2. Time Completed:** (#) DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
3. Name of Department / Unit Reporting Status Below		**Contact 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.
Power Routine and emergency	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Lighting	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Water	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Sewage / Toilets	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Nurse Call System	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Medical Gases / Oxygen	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Communications IT systems, telephones, pagers	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
7. Remarks (Cracked walls, broken glass, falling light fixtures, etc.)		
8. Prepared by	PRINT NAME: _____ SIGNATURE: _____ DATE/TIME: _____ FACILITY: _____	

1. Incident Name		**2. Operational Period** (#) DATE: FROM: _____ TO: _____ TIME: FROM:_____ TO: _____
3. Name of Facility / Building Reporting Status Below		
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		
Fax	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Information Technology System Email, registration, patient records, time card system	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Nurse Call System	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Overhead Paging	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Paging System Code teams, standard paging	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Radio Equipment Facility handheld, 2-way radios, antennas	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Radio Equipment EMS, local health department, other external partner	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Radio Equipment Amateur radio	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Satellite Phones	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Telephone System Primary	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Telephone System Proprietary	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	

Telephone System Back-up	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Internet	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Video-Television Cable	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
INFRASTRUCTURE		
Campus Access Roadways, sidewalks, bridge	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Fire Detection System	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Fire Suppression System	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Food Preparation Equipment	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Ice Machines	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Laundry/Linen Service Equipment	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Structural Components Building integrity	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	(Note cracked walls, loose masonry, hanging light fixtures, broken windows)

PATIENT CARE		
Decontamination System Including containment	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Digital Radiography System, Routine Diagnostics PACS, CT, MRI, other	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Steam/Chemical Sterilizers	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Isolation Rooms Positive/negative air	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
SECURITY		
Facility Lockdown Systems Door/key card access	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Campus Security External panic alarms	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Campus Security Surveillance cameras	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Campus Security Traffic controls	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Campus Security Lighting	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Panic Alarms Internal and other reporting devices	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	

UTILITIES		
Electrical Power Primary service	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Electrical Power Backup generator	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Fuel Storage	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	(Note amount on hand)
Sanitation Systems	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Water	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Natural Gas/Propane	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Air Compressor	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Elevators/Escalators	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Hazardous Waste Containment System	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Heating, Ventilation, and Air Conditioning (HVAC)	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	

Oxygen	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	(Note bulk, H tanks, E tanks, Reserve supply status)
Medical Gases, Other	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	(Note reserve supply status)
Pneumatic Tube	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Steam Boiler	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Sump Pump	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Well Water System	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Vacuum (for patient use)	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Water Heater and Circulators	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
External Lighting	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
External Storage Equipment	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	

External Storage Vehicles	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Parking Structures, Lots	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	(Power, panic alarms, access, egress, lighting)
Landing Zone Pads, lighting, fuel source	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
7. Remarks (Cracked walls, broken glass, falling light fixtures, etc.)		
8. Prepared by PRINT NAME: _____ SIGNATURE: _____ DATE/TIME: _____ FACILITY: _____		

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.

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 and repaginate as needed. 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 (m/d/y) 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**	**Fully functional:** 100% operable with no limitations **Partially functional:** Operable or somewhat operable with limitations **Nonfunctional:** Out of commission **N/A:** Not applicable, do not have
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.
7	**Remarks**	Note any overall facility-wide assessments or future potential issues such as skilled staffing issues, fuel duration, plans for repairs, etc.
8	**Prepared by**	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

Appendix 3.18 CHA Hospital Repopulation Guidelines

Hospital Repopulation after Evacuation

Guidelines and Checklist

Purpose

The purpose of this document is to identify hospital operational and safety best practices, as well as regulatory agency requirements, which must be considered when repopulating after full or partial evacuation of general acute care hospital inpatient building(s) (GACHB). The association sought consultation from the following agencies prior to publishing this document: State of California Office of Statewide Health Planning and Development (OSHPD), California Department of Public Health (CDPH) Licensing and Certification (L&C) and State Board of Pharmacy (BOP). These guidelines do not supersede existing state statutes or regulations. In the event of a direct conflict with existing statutes and/or regulations, facilities should follow applicable statutes and/or regulations.

Overview

An evacuation of a GACHB occurs following an incident or series of incidents that result in a situation which is, or may become, detrimental to the well-being of patients, staff, workers or visitors in the hospital. Any evacuation of a hospital building should be implemented in accordance with the facility's Emergency Operations Plan (EOP), as well as in coordination with Operational Area Disaster and Emergency Management Plan(s).

Evacuations can consist of the following scenarios:

- Full evacuation of the hospital campus
- Full evacuation of one or more inpatient care buildings on campus
- Partial evacuation of one or more inpatient care buildings

Buildings that house inpatients who are released or transferred to make room to receive inpatients evacuated from other inpatient care buildings are not considered buildings that experienced an evacuation. However, program flexibility may be required from the L&C district office to treat patients in these buildings.

An evacuation can be voluntary or mandatory. A voluntary evacuation decision is made by the Chief Executive Officer (CEO) or Incident Commander (IC) and is based on the hospital's EOP and available internal and external information. A mandatory evacuation is an evacuation that is ordered by an authorized governmental authority having jurisdiction. Government authorities with jurisdiction include, but are not limited to, fire, law enforcement, OSHPD and local emergency services.
A hospital may be able to remain operational and/or avoid voluntary evacuation by seeking program flexibility from the appropriate L&C district office. For example, for a

partial evacuation, the hospital may be able to move inpatients from damaged units by expanding capacity in operational inpatient units or maintain limited operations by the use of alternate treatment areas while preparing evacuated areas for repopulation.

Recovery and repopulation of evacuated facilities should be included in hospital preparedness activities and its EOP. *[Reference CHA Hospital Evacuation and Shelter in Place Checklists.]* Steps taken prior to, or at the time of evacuation, will facilitate more efficient repopulation of facilities, for example:

- Report partial or full evacuation to L&C district office, Operational Area Office of Emergency Services (OES) and the Local Emergency Medical Services Agency (LEMSA) and other agencies, as appropriate [21]
- Maintain surveillance monitoring of temperatures, refrigeration, air/water quality, pharmaceuticals and facility security, as feasible

The hospital CEO, his/her designee, or the IC has the ultimate responsibility to ensure a safe environment for patients, staff and visitors. In making a decision to evacuate or repopulate, the CEO or IC should use the Hospital Incident Command System (HICS) and, in doing so give consideration to consulting with key departments, the chief of the medical staff, the L&C district office, LEMSA, the local department of health, and other public safety and utility agencies, as appropriate.

Also, the CEO or IC will:

A. Give consideration to whether an evacuation may be more harmful to the patients, staff and visitors than sheltering in place (*Refer to the CHA Evacuation Plan and Shelter in Place Checklists*).

B. Consult with appropriate hospital departments and external agencies in making a determination regarding whether the facility has adequate resources and is clean, sanitary and safe to repopulate and/or receive patients after an evacuation. Each decision shall be considered on a case-by-case basis. It is understood that an evacuated hospital/building will not be staffed, nor will perishable resources be re-stocked until necessary approvals are received and repopulation plans are initiated.

[21] **Reportable Unusual Occurrences**

Title 22 requires general acute care hospitals and acute psychiatric hospitals to report any occurrence such as an epidemic outbreak, poisoning, fire, major accident, disaster, other catastrophe or unusual occurrence which threatens the welfare, safety, or health of patients, personnel, or visitors, as soon as reasonably practicable, by telephone or telegraph, to the local health officer and to the California Department of Public Health (CDPH). The hospital must furnish other pertinent information related to the occurrence as may be requested by the local health officer or CDPH [Title 22, California Code of Regulations, Sections 70737 (general acute care hospital) and 71535 (acute psychiatric hospital)].

Exactly which types of incidents constitute an “unusual occurrence” has not been clarified by CDPH. CDPH is aware that its employees as well as hospital employees have inconsistent interpretations of this requirement.

C. Base the decision of whether to repopulate on the merits of the evacuated area alone and not be biased by the argument that returning to the evacuated area is better than where patients are currently located. Whether patients need to move from their current temporary location is a separate issue. An alternate temporary location may be more appropriate than repopulating them in an evacuated building.

D. Be aware that any evacuation is considered a reportable event to L&C. Therefore, L&C may visit the facility as part of the reportable event process. A reportable event visit and repopulation visit are separate visits; however, it is possible that both could be done at the same time depending on the nature of the evacuation. The CEO/IC may call L&C at any time to request a repopulation approval visit. However, this should be done only upon the CEO's assessment and confirmation that the facility is ready for repopulation. This is to ensure that L&C and, if needed, OSHPD and fire marshal staff will not have to make multiple visits to facilities during a disaster event.

Section 130025 (a) of the Health and Safety Code states, "In the event of a seismic event, or other natural or manmade calamity that the office (OSHPD) believes is of a magnitude so that it may have compromised the structural integrity of a hospital building, or any major system of a hospital building, the office shall send one or more authorized representatives to examine the structure or system. "System" for these purposes shall include, but not be limited to, the electrical, mechanical, plumbing, and fire and life safety system of the hospital building. If, in the opinion of the office, the structural integrity of the hospital building or any system has been compromised and damaged to a degree that the hospital building has been made unsafe to occupy, the office may cause to be placed on the hospital building either a red tag, a yellow tag, or a green tag."

A hospital building with a red tag (unsafe) or a yellow tag (restricted access) cannot be repopulated until the tag is removed. A green tag indicates that the building is safe for repopulation.

Hospital Repopulation after Evacuation Checklists

Hierarchy of Repopulation Approval(s)

Dependent upon circumstances, the following sequential steps should be expected prior to the repopulation of evacuated hospital facilities.

Steps	Date Completed
A. Local government agencies have removed restrictions, if any, related to the environmental quality in the area or facility for the types of patients to be moved back into the facility.	
B. Local Fire Department and/or Law Enforcement agency representative allows re-entry to the specific evacuated neighborhood in which hospital is located and/or allows re-entry to evacuated facilities, as applicable.	
C. If structural integrity or any major building system is compromised, OSHPD inspects and repopulation cannot occur until any red and yellow building tags are removed from the impacted building by OSHPD.	
D. If required, due to prolonged loss of power and refrigeration or breach of pharmaceutical security, State Pharmacy Board may conduct a site visit to approve measures taken to restore Pharmacy capacity and safety.	
E. The CEO/IC oversees an assessment of environmental safety, facilities, operations and resources, including the factors identified in the General All Hazards Repopulation Factors checklist below, and prepare the facility for repopulation.	
F. The CEO/IC maintains communication with the L&C District Office regarding facility status, progress and estimated timeframes for reopening of facility (ies). Depending upon the circumstances, L&C may schedule a reportable event visit.	
G. Once the CEO/IC makes a determination, based on best judgment, that the facility is ready to repopulate, L&C is notified and: 1) If necessary, an L&C repopulation inspection is scheduled, or, 2) Repopulation is initiated.	
H. If an L&C repopulation visit is required: 1) If necessary, additional actions or agency reviews may be requested by L&C; and/or, 2) The determination is made that hospital facilities are safe for patients, staff and visitors, programs and services can be resumed, and repopulation can be initiated.	

General All-Hazards Hospital Re-Population Factors – Steps

The following factors – steps should be considered as appropriate to the type of evacuation

Factors – Steps	Status/Date
A. Facilities are determined to be structurally sound and safe, and systems are not compromised, for occupancy. If not safe, may require repairs/retrofits/replacements that need to be approved by OSHPD, fire marshal and L&C.	
B. Air particulate exposure levels (e.g., smoke, chemicals) in buildings are documented to be reduced to acceptable/safe levels as defined by Cal/OSHA permissible exposure limits (PELS) and local Air Quality Management District Standards using available methods (e.g., air scrubbers, open windows, blowers, HAZWOPER response, etc), if needed. Only test equipment appropriate to the hazard should be used to determine safe levels of habitability and may require an outside testing laboratory service.	
C. Hospital shall have a plan to prepare for and implement repopulation.	
D. All interior and exterior surfaces/areas are clean and free of debris (e.g., counters, walls, drawers, closets, roof, parking facilities, etc).	
E. All filters in the facility, HVAC systems, and generators, etc. should be cleaned/replaced, if needed.	
F. Replace or clean linens, drapes, and upholstery, if needed.	
G. All items within the facility that can be affected by spoilage due to loss of power and/or high temperatures are tested and repaired/replaced/quarantined, as needed (e.g., food, medications, radioactive supplies and equipment, computerized diagnostics, etc.).	
H. Essential functions and supplies/supply chains (pharmacy, supplies, laundry, etc.) are returned to operational status. The facility's ability to provide essential services should be sustainable for the long term. Program Flex may be an option subject to L&C District Office approval (e.g., contracted food or pharmacy services).	
I. Vandalism and/or looting damage, if applicable, is repaired and alleviated.	
J. Full and non-abbreviated generator and smoke detector tests are completed, if needed.	
K. HVAC systems are tested and operational, if needed.	
L. Utilities are tested and operational (electricity, water supply and quality, plumbing, etc.).	

M. Dietary Services are operational and sustainable for the long term; in the case of damage to kitchens/equipment, program flex approval from L&C may be requested for contract services during repairs.	
N. Determine if the laboratory evacuation plan was followed. If the laboratory evacuation plan was not adhered to, or found to have limitations, a mitigation response is necessary.	

Source: California Hospital Association

Appendix 3.19 Healthcare Coalition Gap Analysis

The following preparedness gaps and mitigations strategies have been identified for the healthcare coalition:

	Gap	Mitigation Strategy
1.	A significant number of coalition members are not proficient in the use of WebEOC, for information sharing, situational awareness and resource management.	1. Create and post the WebEOC End User Training course on the WebEOC page, during Q1 of FY 19/20, to provide 24/7 access to initial, refresher and just-in-time training for coalition members https://www.sjgov.org/ems/webeocinfo.htm 2. Continue to integrate the use of WebEOC into exercises throughout FY19/20. 3. Coalition members will login and update their healthcare facility status reports monthly during the FY 19/20 to maintain active user accounts and skills.
2.	New HCC member organizations need to be built into WebEOC.	1. The WebEOC Administrator will build the new coalition member organizations into throughout FY 19/20.
3.	Need to finish the coalition supply chain integrity assessment.	1. Approved the final draft during Q1 of FY 19/20.
4.	A significant number of coalition member organizations do not have completed Continuity of Operations Plans (COOP).	1. Provide coalition members with COOP planning resources to enable them to develop their own COOPs. https://www.sjgov.org/ems/emergencypreparedness.htm#Continuity
5.	Need to finish the coalition family reunification plan.	1. Approve the final draft during Q1 of FY 19/20.