

# San Joaquin Operational Area



## Healthcare Coalition Governance

January 31, 2014  
(Updated January 12, 2015)

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

San Joaquin Operational Area  
Healthcare Coalition Governance

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San Joaquin Operational Area  
Healthcare Coalition Governance

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# San Joaquin Operational Area Healthcare Coalition Governance

## I. INTRODUCTION

The threat of Multi Casualty Incidents (MCIs) and medical surges to the healthcare delivery system have always been present. For many hospital emergency departments, these 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 January 2012 ASPR released the National Guidance for Healthcare System Preparedness and the eight Healthcare Preparedness Capabilities<sup>1</sup>:

- Healthcare System Preparedness
- Healthcare System Recovery
- Emergency Operations Coordination
- Fatality Management
- Information Sharing
- Medical Surge
- Responder Safety and Health
- Volunteer Management

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

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<sup>1</sup> <http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf>

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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 eight healthcare preparedness capabilities be attained, improved, and successfully implemented.

## II. PURPOSE, SCOPE AND AUTHORITY

### A. Purpose

The purpose the San Joaquin Operational Area Healthcare Coalition is to improve and sustain the healthcare preparedness capabilities within the San Joaquin Operational Area.

### B. Scope

The San Joaquin Operational Area Healthcare Coalition 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.

### C. Authority

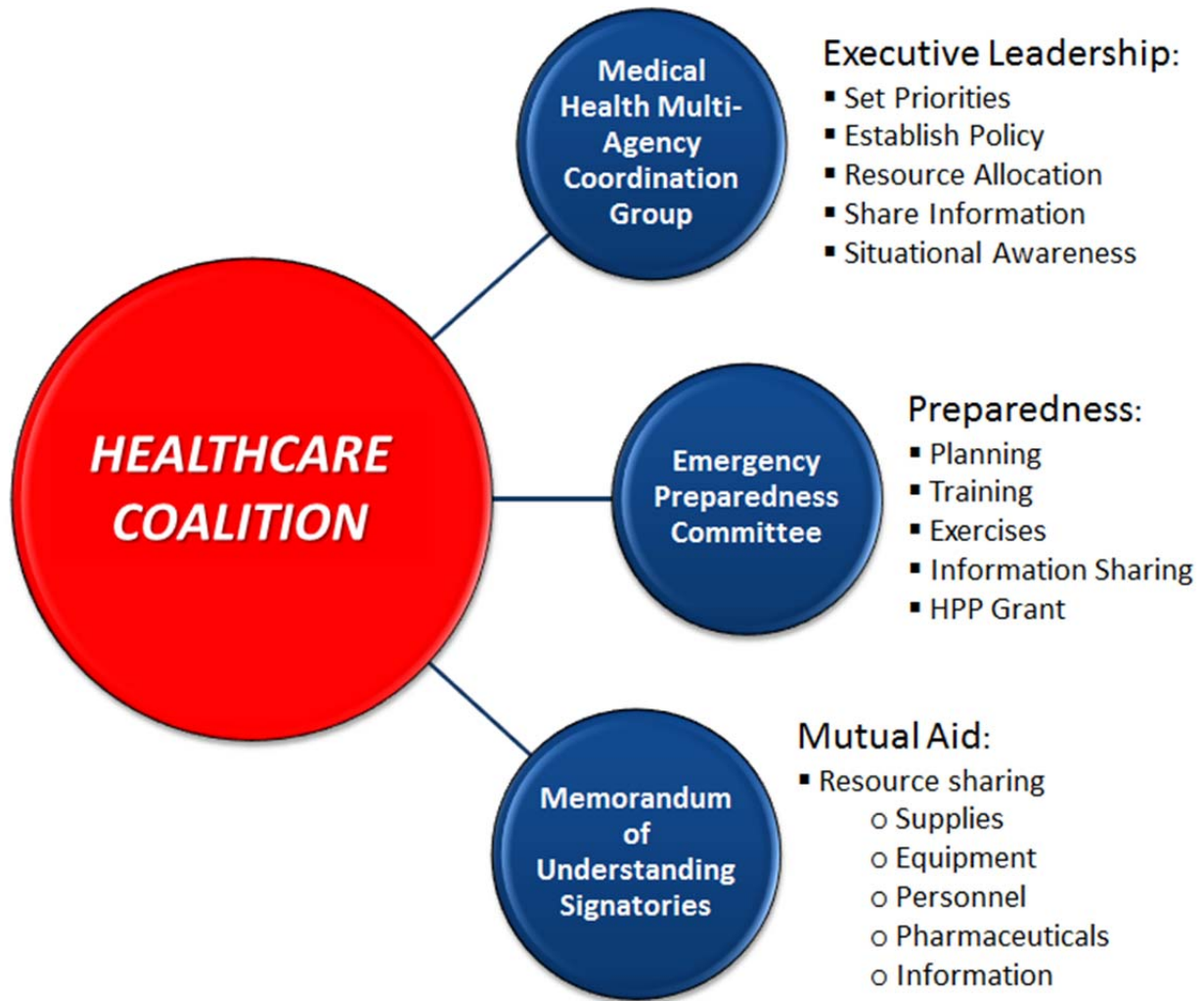
This governance document is issued under the authority of the San Joaquin County Emergency Medical Services Agency Administrator, who serves as the Medical Health Operational Area Coordinator (*California Health and Safety Code, Division 2.5, Article 4, Section 1797.153*). Additionally the San Joaquin 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 as part of the FY 2013/14 HPP Grant (*Board Order B-13-341*).

## III. HEALTHCARE COALITION FUNCTIONAL GROUPS

The San Joaquin Operational Area Healthcare Coalition is made up of three distinct functional groups:

- Medical/Health Multi-Agency Coordination Group (Med MAC)
- Emergency Preparedness Committee (EPC)
- Healthcare Coalition Memorandum of Understanding Signatories (MOU)

## San Joaquin Operational Area Healthcare Coalition Governance



**Healthcare Coalition  
Figure 1**

### A. Medical/Health Multi-Agency Coordination Group (Med MAC)

The Multi-Agency Coordination System or MACS is a component of the Incident Command System (ICS), California’s Standardized Emergency Management System (SEMS), and the federal National Incident Management System (NIMS). The MACS process is used to ensure the integration and coordination of multi-agency emergency response and management.

MACS provides the architectural framework for normally disparate organizations or agencies to work together to prioritize incident goals and objectives, determine allocation of shared or limited resources, establish joint communications, and share incident information.

The San Joaquin Operational Area Medical/Health Multi-Agency Coordination Group (Med MAC) is comprised of representatives from San Joaquin County

## San Joaquin Operational Area Healthcare Coalition Governance

government agencies and healthcare facilities that have a shared responsibility for the delivery of healthcare during emergency conditions. Med MAC Group members are executive level leaders that are fully authorized to act on behalf of their agency or organization.

### B. Emergency Preparedness Committee (EPC)

The committee meets on a monthly basis and consists of the Emergency Preparedness Coordinators from Healthcare Coalition member agencies and organizations.

The purpose of the committee is to provide a forum for joint emergency preparedness planning, training and exercising. In addition committee members are responsible to complete the deliverable requirements of the Hospital Preparedness Program (HPP) grant and determine how to use grant funds to improved healthcare preparedness capabilities.

### C. Healthcare Coalition Memorandum of Understanding (MOU) Signatories

The FY 2008/09 Hospital Preparedness Program (HPP) grant required participating hospital, clinic, and other healthcare providers to enter into a voluntary Memorandum of Understanding (MOU), in compliance with the 14 National Incident Management System (NIMS) implementation objectives<sup>2</sup>, for the sharing of personnel, resources and information during a medical/health disaster or other event. MOU participants agree to voluntarily share available resources with the requesting organization agreeing to replace or pay the cost of the resource.

The Healthcare Coalition Mutual Aid Memorandum of Understanding is designed to establish a process for resource sharing among the hospitals, clinics and healthcare providers in San Joaquin County. The MOU augments the government authorized mutual aid process used during disasters.

Signatories to the MOU have agreed, to the best of their ability, to share the following available resources during disasters:

- Personnel
- Equipment
- Supplies
- Pharmaceuticals
- Information

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<sup>2</sup> [http://www.fema.gov/pdf/emergency/nims/2007\\_2008\\_2009\\_NIMS\\_HealthcareCrosswalk.pdf](http://www.fema.gov/pdf/emergency/nims/2007_2008_2009_NIMS_HealthcareCrosswalk.pdf)



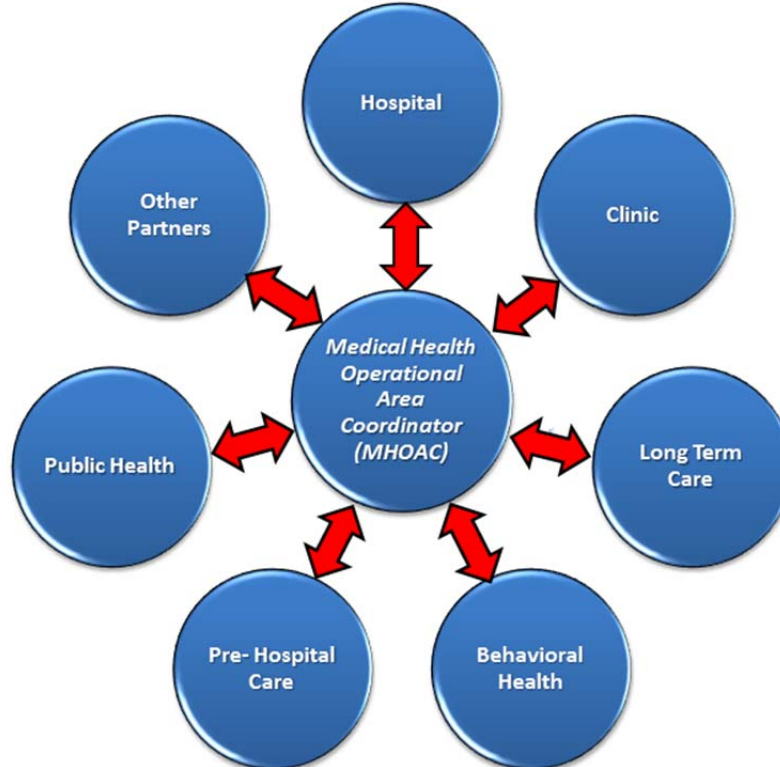
# San Joaquin Operational Area Healthcare Coalition Governance

## IV. INFORMATION SHARING

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.

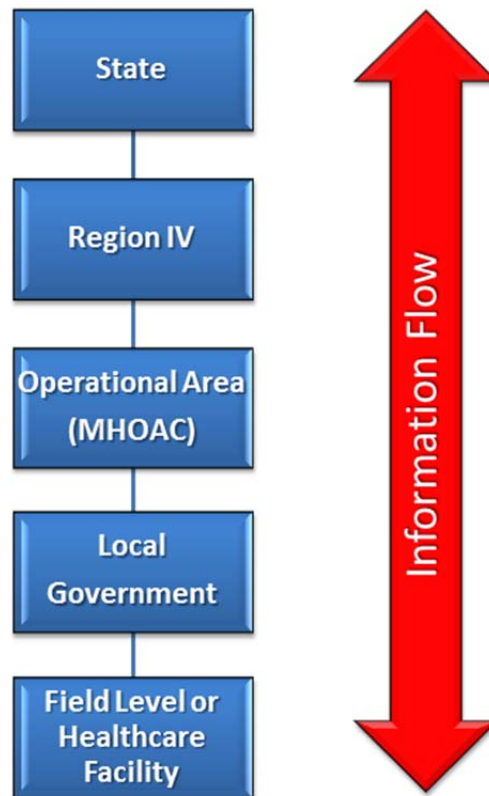
Information sharing is both horizontal and vertical:

- Horizontal – Share information across disciplines (among public and private agencies and organizations) at all levels and across jurisdictions (See Figure 2)
- Vertical - Share information vertically (up and down from between the field level and the state) with appropriate agencies (see Figure 3)



**Horizontal Information Sharing  
Figure 2**

## San Joaquin Operational Area Healthcare Coalition Governance



**Vertical Information Sharing  
Figure 3**

### A. Information Sharing Activation 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)<sup>3</sup>

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3

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

## San Joaquin Operational Area Healthcare Coalition Governance

*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*
- 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 with the following, once aware of an unusual event occurrence within the Operational Area:

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

### B. Information Sharing Tools

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

#### 1. WebEOC<sup>4</sup>

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

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<sup>4</sup> <https://webeoc.sjgov.org/eoc7>

## San Joaquin Operational Area Healthcare Coalition Governance

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 D)
- 2) Clinic Status Report (See Appendix E)
- 3) Behavioral Health Facility Status Report (See Appendix F)
- 4) Long Term Care Facility Status Report (See Appendix G)
- 5) San Joaquin Medical/Health Interagency Situation Report (See Appendix H)

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

### 2. EMResource/EMSystems<sup>5</sup>

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, they capable of receiving and providing care for during Multi-Casualty Incidents (MCIs). Additionally EMResource is use to poll hospital inpatient bed availability during disasters, in compliance with the Federal Hospital Available Beds for Emergencies and Disasters (HAVBED) standard (See Appendix J).

EMResource can be used to collect healthcare facility status and medical/health interagency situation reports, as a back-up if WebEOC is down (See Appendix I). 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

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<sup>5</sup> <https://emresource.emsystem.com/login.jsp>

## San Joaquin Operational Area Healthcare Coalition Governance

### 3. California Health Alert Network (CAHAN)<sup>6</sup>

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 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 become a CAHAN user in San Joaquin County email your request to [sjc-cahan@sjcphs.org](mailto:sjc-cahan@sjcphs.org).

### 4. 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 email, CAHAN and/or WebEOC (See Appendix K).

### 5. Amateur Radio

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

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<sup>6</sup> <https://cahan.ca.gov/default.aspx>

## San Joaquin Operational Area Healthcare Coalition Governance

### C. EMS Agency Duty Officer (MHOAC)

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](mailto:emsdutyofficer@sjgov.org)
- After Hours
  - i. Duty Officer Pager (209) 234-5032 or [2092345032@page.metrocall.com](mailto:2092345032@page.metrocall.com)
  - ii. Dispatch (209) 236-8339

San Joaquin Operational Area  
Healthcare Coalition Governance

**V. HEALTHCARE COALITION PARTICIPANT AGREEMENT**

IN WITNESS WHEREOF, the undersigned agrees to participate in the San Joaquin Operational Area Healthcare Coalition as a member of the following functional group(s):

- Medical/Health Multi-Agency Coordination (Med MAC) Group
- Emergency Preparedness Committee (EPC)
- Healthcare Coalition Memorandum of Understanding (MOU)

The undersigned further agrees to:

- Share information in accordance with Section IV of the Healthcare Coalition Governance
- Incorporate the Healthcare Coalition Governance into Emergency Operations Plans, policies and procedures
- Work cooperatively with other Healthcare Coalition member agencies/organizations to improve the Healthcare Preparedness Capabilities in the San Joaquin Operational Area

\_\_\_\_\_  
*Agency/Organization Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

By:

\_\_\_\_\_  
*Name<sup>8</sup>*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Email Address*

<sup>8</sup> Authorized by the agency/organization to sign this agreement

San Joaquin Operational Area  
Healthcare Coalition Governance

Submit the original agreement signature page to:

San Joaquin County Emergency Medical Services Agency  
P.O. Box 220  
French Camp, CA 95231  
Attn: HPP Coordinator



San Joaquin Operational Area  
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**VI. APPENDIXES**

**Appendix A - Medical/Health Multi-Agency Coordination Group Plan**

San Joaquin Operational Area  
Healthcare Coalition Governance

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# San Joaquin Operational Area

Medical/Health Multi-Agency Coordination Group



## Med MAC Plan

August 26, 2011  
*(Revised 10/24/13)*

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

San Joaquin Operational Area  
Medical/Health Multi-Agency Coordination Group (Med MAC) Plan

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# San Joaquin Operational Area Medical/Health Multi-Agency Coordination Group (Med MAC) Plan

## I. INTRODUCTION

The Multi-Agency Coordination System or MACS is a component of the Incident Command System (ICS), California's Standardized Emergency Management System (SEMS), and the federal National Incident Management System (NIMS). The MACS process is used to ensure the integration and coordination of multi-agency emergency response and management.

MACS provides the architecture framework for normally disparate organizations or agencies to work together to prioritize incident goals and objectives, determine allocation of shared or limited resources, establish joint communications, and share incident information.

The San Joaquin Operational Area Medical/Health Multi-Agency Coordination Group (Med MAC) consists of the leadership of San Joaquin County Health Care Services, Public Health, Emergency Medical Services and the seven acute care hospitals which serve San Joaquin County.

## II. PURPOSE and SCOPE

The purpose of the SJOA Med MAC Group is to provide a forum for executive level healthcare leadership to work collaboratively during times of extreme services demands or other emergency conditions which threaten to overload resources or disrupt the delivery of medical care in the county.

The objectives of the SJOA Med MAC Group are to:

- A. Evaluate threat conditions.
- B. Determine incident/threat priorities.
- C. Maintain situational awareness and share information.
- D. Determine priorities related to use of critical resources, e.g. surgical services, intensive care beds, medical equipment caches, allocation of ventilators.
- E. Review, develop and/or modify policies/plans/agreements necessary to maintain the integrity of the healthcare system or maximize resources, e.g. standardized PPE use, patient visitation procedures.
- F. Determine need for activation of hospital surge plans.
- G. Ensure appropriate coordination of information provided to the media and partner agencies.

# San Joaquin Operational Area Medical/Health Multi-Agency Coordination Group (Med MAC) Plan

## III. MEMBERSHIP

The SJOA Med MAC Group is comprised of representatives from San Joaquin County government agencies and healthcare facilities that have a shared responsibility for the delivery of healthcare during emergency conditions. SJOA Med MAC Group members are executive level leaders that are fully authorized to act on behalf of their agency or organization.

The standing members of the SJOA Med MAC Group are:

- A. Director of Health Care Services.
- B. Public Health Officer.
- C. Director of Public Health Services.
- D. EMS Agency Administrator/Medical Health Operational Area Coordinator.
- E. EMS Agency Medical Director.
- F. Director of Behavioral Health Services
- G. Hospital Administrator of Dameron Hospital.
- H. Hospital Administrator of Doctors Hospital of Manteca.
- I. Hospital Administrator of Kaiser Hospital Manteca.
- J. Hospital Administrator of Lodi Memorial Hospital
- K. Hospital Administrator of San Joaquin General Hospital.
- L. Hospital Administrator of St. Joseph's Medical Center.
- M. Hospital Administrator of Sutter Tracy Community Hospital.
- N. CEO of Community Medical Centers

Depending upon the nature of the emergency or incident representatives of other organizations may be asked to participate in the SJOA Med MAC. These may include:

- A. Hospital Chief Medical Officers.
- B. Community Clinics.
- C. Long Term Care Facilities.
- D. Other healthcare providers.
- E. Other subject matter experts.

San Joaquin Operational Area  
Medical/Health Multi-Agency Coordination Group (Med MAC) Plan

**IV. ACTIVATION**

The SJOA Med MAC Group can be activated by any member at any time they determine that activation is warranted.

Activation process:

- A. Notify the San Joaquin County EMS Agency Duty Officer (24/7)
  - 1) Pager: (209) 234-5032
  - 2) Dispatch: (209) 236-8339
- B. The EMS Agency Duty Officer will arrange a SJOA Med MAC Group meeting either via a conference call or at a physical location.
- C. All members of the SJOA Med MAC Group will be notified, via the California Health Alert Network (CAHAN), and invited to participate in the meeting.

**V. MED MAC GROUP MEETINGS**

The San Joaquin County Medical Health Operational Area Coordinator (MHOAC), or designee, will facilitate the meeting.

SJOA Med MAC representatives will be given an opportunity to report on any issues affecting their organization's ability to provide services. The standard Med MAC Group meeting/conference call agenda will consist of:

- A. Call to order
- B. Roll call / Introductions
- C. Emergency conditions / situation report
- D. Resources and policy status report
- E. Determine incident / threat priorities
- F. Develop and approve action plans
- G. Discussion of other business
- H. Schedule for subsequent meetings, if necessary
- I. Adjourn

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**Appendix B - Emergency Preparedness Committee (EPC) By-Laws**

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# San Joaquin Operational Area



## Emergency Preparedness Committee By-Laws

January 31, 2014

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

San Joaquin Operational Area  
Emergency Preparedness Committee By-Laws

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San Joaquin Operational Area  
Emergency Preparedness Committee By-Laws

**I. INTRODUCTION**

The Emergency Preparedness Committee (EPC) is one of the functional groups of the San Joaquin Operational Area Healthcare Coalition and consists of the Emergency Preparedness Coordinators from member agencies and organizations.

**II. PURPOSE**

The purpose of the committee is to provide a forum for joint emergency preparedness planning, training, exercising and information sharing. In addition, active members are responsible for completing the required deliverables for the Hospital Preparedness Program (HPP) grant and determining how to use grant funds to improve and sustain healthcare preparedness capabilities.

**III. LEADERSHIP**

The Hospital Preparedness Program (HPP) Coordinator is the chairperson for the committee. In the absence of the HPP Coordinator the Region IV Regional Disaster Medical Health Specialist will chair the committee meetings.

**IV. MEMBERSHIP**

Membership is open to all participating healthcare facilities, providers, public and private medical and health agencies/organizations operating within the geographic boundaries of San Joaquin County.

A. Active Member

An active member agency/organization is one that:

- Participates in eight out of twelve monthly meetings during the calendar year (66%)
- Participates in all HPP required exercises
- Participates in all applicable HPP required surveys, questionnaires and/or deliverables
- Submits a signed Emergency Preparedness Committee Participation Agreement as an active member

B. Inactive Member

An inactive member agency/organization is one that:

- Participates in less than eight out of twelve monthly meetings during the calendar year (66%)
- Submits a signed Emergency Preparedness Committee Participation Agreement as an inactive member

San Joaquin Operational Area  
Emergency Preparedness Committee By-Laws

C. Guest

A guest is visitor to the Emergency Preparedness Committee meeting(s). A guest may become an active or inactive member agency/organization by meeting the requirements listed in items A or B above.

D. Restoration of an inactive member agency/organization to active member status is accomplished by completing the following:

- Participate in four consecutive meetings
- Re-submit a signed Emergency Preparedness Committee Participation Agreement as an active member
- Maintain a minimum 66% attendance record for all subsequent meetings

**V. MEETINGS**

A. Frequency

Meetings are conducted on the third Tuesday of the month from 1430 to 1600 hours in the EMS Agency classroom.

B. Conduct

Meetings are conducted using Robert's Rules of Order

C. Voting

Each member agency or organization has one vote on the committee

D. Documentation

- Meeting agendas and minutes are published and distributed to members
- Members can add items to a meeting agenda by submitting the agenda item to the Chairperson at least one week prior to the meeting.

**VI. HOSPITAL PREPAREDNESS PROGRAM (HPP) GRANT PARTICIPATION**

A. HPP grant participation is limited to active member agencies or organizations that comply with the following:

- Participate in eight out of twelve monthly meetings during the calendar year (66%)
- Participates in all HPP required exercises
- Participates in all applicable HPP required surveys, questionnaires and/or deliverables
- Submit a signed Emergency Preparedness Committee Participation Agreement as an active member

San Joaquin Operational Area  
Emergency Preparedness Committee By-Laws

**VII. EMERGENCY PREPAREDNESS COMMITTEE PARTICIPATION AGREEMENT**

- Agree to participate in the Emergency Preparedness Committee as an active member
- Agree to participate on the Emergency Preparedness Committee as an inactive member

IN WITNESS WHEREOF, the undersigned have executed this Agreement on behalf of:

\_\_\_\_\_  
*Agency/Organization Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

By:

\_\_\_\_\_  
*Name<sup>1</sup>*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Email Address*

Submit this original signature page to:

San Joaquin County Emergency Medical Services Agency  
P.O. Box 220  
French Camp, CA 95231  
Attn: HPP Coordinator

\_\_\_\_\_  
<sup>1</sup> Authorized by the agency/organization to sign this agreement  
January 31, 2014

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**Appendix C – Healthcare Coalition Memorandum of Understanding (MOU)**

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# San Joaquin Operational Area



## Healthcare Coalition Memorandum of Understanding

August 8, 2009

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

**San Joaquin Operational Area Healthcare Coalition  
Mutual Aid Memorandum of Understanding for Healthcare Organizations**

**I. Introduction**

The Hospital Preparedness Program (HPP) grant requires that each participating hospital, clinic, and provider enter into a voluntary memorandum of understanding for the sharing of personnel, resources and information during a medical/health disaster or other event. MOU participants agree to voluntarily share resources only when resources are available, with the requesting organization agreeing to replace or pay the cost of the resource. An MOU participant is not required to share resources which it believes are needed to maintain its own operations, etc.

The San Joaquin County Healthcare Coalition Mutual Aid MOU (MOU) is designed to establish a process for resource sharing among the hospitals, clinics and healthcare providers in San Joaquin County. During the spring and summer of 2009, as resources became scarce and supplies proved slow, several hospitals and clinics used these MOU procedures to “borrow” N95 respirators from the cache of supplies available from the San Joaquin County EMS Agency. It is this type of situation that best illustrates how the MOU is designed to be used.

The San Joaquin County Healthcare Coalition Mutual Aid MOU augments the government authorized mutual aid process used during times of a declared or actual disaster or emergency.

**II. Background**

The development of a healthcare mutual aid memorandum of understanding is required for any healthcare organization receiving Federal preparedness and response grant funds, as well as organizations accredited through the Joint Commission.

**1. National Incident Management System (NIMS)**

Homeland Security Presidential Directive (HSPD)-5 *Management of Domestic Incidents* called for the establishment of a single, comprehensive national incident management system. As a result, the U.S. Department of Homeland Security released the National Incident Management System (NIMS) in March 2004. NIMS provides a systematic, proactive approach guiding departments and agencies at all levels of government, the private sector, and nongovernmental organizations to work seamlessly to prepare for, prevent, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life, property, and harm to the environment.

All hospitals and healthcare systems receiving Federal preparedness and response grants, contracts or cooperative agreements (e.g., Hospital Preparedness Program grants) must work to implement the National Incident

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Management System (NIMS). Compliance with the NIMS requires healthcare organizations to implement all 14 NIMS Objectives. NIMS Objective #4 specifically requires that Grant Recipients, "Participate in interagency mutual aid and/or assistance agreements, to include agreements with public and private sector and nongovernmental organizations".

2. U.S. Department of Health and Human Services  
Healthcare organizations that receive FY 2008 HHS Assistant Secretary for Preparedness and Response (ASPR) funding are required to implement and report on all 14 NIMS implementation objectives.
3. California Department of Public Health Services (CDPH)  
The 2008/09 Application Guidance for Local Hospital Preparedness Program Entities develop a Memoranda of Understanding for the sharing of information, staff, and other resources.
4. Joint Commission  
Healthcare organizations that are accredited through the Joint Commission are required to have mutual aid agreements to comply with the Emergency Management Standards EM.02.02.03.

**III. Purpose of Mutual Aid Memorandum of Understanding**

The purpose of this MOU is to help participating healthcare organizations quickly obtain emergency assistance in the form of personnel, equipment, materials, information and other associated services during disasters. Furthermore this MOU will help participating healthcare organizations meet the Federal and/or Joint Commission requirements for having mutual aid agreements.

This MOU is a voluntary agreement between the participating healthcare organizations located in San Joaquin County. This document is not intended to replace each organization's disaster plan. By signing this MOU, the healthcare organizations are evidencing their intent to abide by the terms of the MOU as described below. The terms of this MOU are to be incorporated into each healthcare organization's disaster plan.

**IV. General Terms of this Agreement**

1. Agreement to Share Resources: To the best of their ability, each healthcare organization participating in this MOU agrees to share the following available resources during a disaster:
  - a. Personnel
  - b. Equipment
  - c. Supplies
  - d. Pharmaceuticals
  - e. Information

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**Reimbursement:** The default process for reimbursement of utilized resources is located in Attachment B. Any deviation from the default process must be agreed upon between the receiving and donor organizations in writing.

2. Activation of the Mutual Aid Memorandum of Understanding: Only the Incident Commander at each healthcare organization has the authority to activate this MOU.
3. Credentialed Personnel: Each healthcare organization that wishes to request prescreened medical personnel, whose credentials are verified once every 24 hours, may request personnel through the Medical Health Operational Area Coordinator (MHOAC). The San Joaquin County Emergency Medical Services Agency serves as the county administrator of the Disaster Healthcare Volunteers (DHV) of California. To request personnel contact the EMS Agency Duty Officer 24/7 at (209) 234-5032.

Each healthcare organization is strongly encouraged to have their personnel register with the San Joaquin Unit of the Disaster Healthcare Volunteers to ensure that there are always an adequate number of prescreened personnel available during a disaster. For more information about the Disaster Healthcare Volunteers go to <http://sjgov.org/ems/emergencypreparedness.htm>. Register online at <https://www.healthcarevolunteers.ca.gov/>

**V. Region IV Medical/Health Mutual Aid System**

The process for requesting medical and health mutual aid resources will be coordinated by the San Joaquin County Medical Health Operational Area Coordinator (MHOAC) and the Region IV Regional Disaster Medical Health Coordinator (RDMHC). The MHOAC and RDMHC are available through the EMS Agency Duty Officer 24/7 at (209) 234-5032. For more information see the Region IV Medical/Health Mutual Aid System Manual 3, available online at [http://sjgov.org/ems/PDF/Policies/7030\\_MCI\\_Manual3\\_Mutual\\_Aid.pdf](http://sjgov.org/ems/PDF/Policies/7030_MCI_Manual3_Mutual_Aid.pdf)

**VI. Mutual Aid Memorandum of Understanding (MOU) Administration**

The San Joaquin County Emergency Medical Services (EMS) Agency will maintain all of the original MOU documents and provide copies to all participating healthcare organizations.

All correspondence with the EMS Agency should be sent to:

San Joaquin County Emergency Medical Services Agency  
P.O. Box 220  
French Camp, CA 95231  
Attn: MOU Administrator

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**VII. Term and Termination**

The terms of this Agreement will commence on the date this Agreement is signed and will continue in full force and effect for five (5) years from that date unless terminated or modified by mutual written agreement by all participating healthcare organizations. An individual organization may elect to terminate its participation in this MOU by providing thirty (30) days written notice to other participating healthcare organizations of its intent to terminate.

**SIGNATURE PAGE FOLLOWING**

**San Joaquin Operational Area Healthcare Coalition  
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IN WITNESS WHEREOF, the undersigned have executed this Agreement on behalf of:

\_\_\_\_\_  
*Agency/Organization Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

By:

\_\_\_\_\_  
*Name<sup>1</sup>*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Email Address*

Submit this original signature page to:

San Joaquin County Emergency Medical Services Agency  
P.O. Box 220  
French Camp, CA 95231  
Attn: MOU Administrator

\_\_\_\_\_  
<sup>1</sup> Authorized by the agency/organization to sign this MOU



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**Attachment A**

**PARTICIPATING HEALTHCARE ORGANIZATIONS**

*(Updated 12/20/13)*

**Hospitals:**

1. Dameron Hospitals Association  
525 W. Acacia Street  
Stockton, CA 95203  
209-944-5550
  
2. Kaiser Manteca Medical Center  
1777 W. Yosemite Ave.  
Manteca CA 95337  
209-825-3700
  
3. Lodi Memorial Hospital  
975 S. Fairmont Avenue  
Lodi, CA 95240  
209-334-3411
  
4. Saint Joseph's Medical Center  
1800 N. California Street  
Stockton, CA 95204  
209-943-2000
  
5. San Joaquin General Hospital  
500 W. Hospital Rd.  
French Camp, CA 95231  
209- 468-6000
  
6. Sutter Tracy Community Hospital  
1420 N. Tracy Blvd.  
Tracy, CA 95376  
209-835-1500

**Clinics:**

1. Community Medical Centers, Inc.
  - a. Administrative Office  
7210 Murray Drive  
Stockton, CA 95210  
209-373-2800

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- b. Channel Medical Center  
701 E. Channel St.  
Stockton, CA 95201  
209-944-4700
  
  - c. Hammer Medical Center  
1721 E. Hammer Ln.  
Stockton, CA 95210  
209-751-5210
  
  - d. King Family Center  
2640 E. Lafayette St.  
Stockton, CA 95206  
209-933-7232
  
  - e. Lawrence Family Center & Clinic  
721 Calaveras St.  
Lodi, CA 95240  
209-331-8019
  
  - f. Manteca Clinic  
200 Cottage Avenue, Suite # 103  
Manteca, 95201  
(209) 624-5800
  
  - g. Mariposa Clinic  
2003 E. Mariposa Rd.  
Stockton, CA 95205  
209-751-1900
  
  - h. Tracy Family Practice  
730 N. Central Ave.  
Tracy, CA 95376  
209-820-1500
  
  - i. Woodbridge Medical Group  
2401 Turner Rd.  
Lodi, CA 95242  
209-370-1700
2. Dameron's Occupational Injury Clinic  
420 W. Acacia Street, Suite 2  
Stockton, CA 95203  
209-461-3196

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3. Dameron's Occupational Health Clinic  
420 W. Acacia Street, Suite 19  
Stockton, CA 95203  
209-461-3196
  
4. Defense Logistics Agency (DLA) Occupational Clinic  
25600 S. Chrisman Rd.  
Tracy, CA 95304  
(209) 839-4340
  
5. Kaiser Manteca Medical Offices  
1721 W. Yosemite Blvd  
Manteca CA 95337  
209-825-3700
  
6. Kaiser Stockton Medical Offices  
7373 West Lane  
Stockton, CA 95210  
209-476-2000
  
7. Lodi Memorial - Lodi Medical Plaza  
999 S. Fairmont Ave.  
Lodi, CA 95240  
(209)339-7614
  
8. Lodi Memorial – OB Clinic  
2415 W. Vine St., Suite 103  
Lodi, CA 95240  
(209)333-3030
  
9. Lodi Memorial – Primary Care Clinic  
2415 W. Vine St., Suite 105  
Lodi, CA 95240  
(209)333-3121
  
10. Lodi Memorial – Occupational Health Medicine Clinic  
845 S. Fairmont Ave., Suite 8  
Lodi, CA 95240  
(209) 339-7441
  
11. Lodi Memorial - Pulmonary Clinic  
845 S. Fairmont Ave., Suite 8  
Lodi, CA 95240  
(209) 339-7625

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12. Lodi Memorial – Ham Lane Urgent-Care Clinic  
1235 W. Vine St., Suite 20  
Lodi, CA 95240  
(209) 339-7600
  
13. Lodi Memorial – Walter E. Reiss Medical Outreach Clinic  
300 W. Oak St.  
Lodi, CA 95240.  
(209)365-0835
  
14. Lodi Memorial – Community Clinic Trinity  
10200 Trinity Parkway  
Stockton, CA 95219  
(209) 323-3480
  
15. Lodi Memorial – Community Clinic Iris  
801 S. Ham Lane, Suite S  
Lodi, CA 95240  
(209) 334-8530
  
16. Lodi Memorial – Community Clinic Vine  
1235 W. Vine St., Suite 22  
Lodi, Ca 95240  
(209) 334-8520
  
17. Lodi Memorial – Community Clinic Millsbridge  
1901 W. Kettleman Lane, Suite 200  
Lodi, Ca 95240  
(209) 334-8540
  
18. Lodi Memorial - Primary Care Pediatric Clinic  
2415 W. Vine St., Suite 100-102  
Lodi, CA 95241  
(209) 333-3135
  
19. Sutter Gould Medical Foundation - Stockton Medical Plaza  
2505 and 2545 W. Hammer Lane  
Stockton, CA 95209  
(209) 955-3000

**Behavioral Health Centers:**

1. San Joaquin County Behavioral Health Services  
1212 N. California Street  
Stockton, CA 95202

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- 209-468-8686
2. St. Joseph's Behavioral Health Center  
2510 N. California Street  
Stockton, CA 95004  
209-461-2000

**Outpatient Surgery Centers:**

1. Dameron's Outpatient Surgery  
Alex and Faye Spanos Surgical Pavilion  
445 W. Acacia Street  
Stockton, CA 95203  
209-944-5550
2. Lodi Outpatient Surgical Center  
521 S. Ham Lane. , Suite F  
Lodi, CA 95242  
209-333-0905
3. San Joaquin Laser and Surgical Center  
1805 N. California St., Suite 101  
Stockton, CA 95204  
(209) 948-5515
4. Sutter Gould Medical Foundation - Stockton Surgical Center  
1800 Don Ave.  
Stockton, CA 95209  
(209) 955-3001
5. Valley Laser and Surgery Center, Inc.  
36 W. Yokuts Ave., Suite 3  
Stockton, CA 95207  
209-952-1189

**Long Term Care Facilities:**

1. Kaiser Permanente Skilled Nursing Facility  
1777 W. Yosemite Ave.  
Manteca CA 95336  
(209) 825-3700
2. Lodi Memorial Hospital West - Sub Acute  
800 Lower Sacramento Rd.  
Lodi, CA 95240  
209-334-3411

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3. O'Conner Woods  
3400 Wagner Heights Rd.  
Stockton, CA 95209  
(209) 956-3400
  
4. Saint Joseph's Skilled Nursing Facility  
1800 N. California Street  
Stockton, CA 95204  
209-943-2000
  
5. Windsor Hampton Care Center  
6442 Hampton Street  
Stockton, CA 95204  
209-466-0456

**Pharmacies:**

1. Dameron's Linacia Pharmacy (Retail Pharmacy)  
420 W. Acacia Street Suite 1  
Stockton, CA 95203  
209-466-2954

**Laboratories:**

1. Dameron Hospital Association - Core Lab  
530 W. Acacia Street, Suite 2  
Stockton, CA 95203  
209-944-5550

**Dental:**

1. Community Medical Centers, Inc.  
San Joaquin Valley Dental Group/Carelink/EIP  
230 N. California St.  
Stockton, CA 95202  
209-940-7200

**Ambulance:**

1. American Medical Response  
400 S. Fresno St.  
Stockton, CA 95203  
(209) 948-5136

**San Joaquin Operational Area Healthcare Coalition  
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**Attachment B**

**DEFAULT PROCESS FOR REIMBURSEMENT**

**REIMBURSEMENT:**

The process for reimbursement during times of disaster will be conducted as outlined below.

**Loaned Equipment:**

The receiving healthcare organization shall return to the donor organization any and all equipment borrowed during the time of a disaster. Equipment shall be returned to the donor organization in the same condition in which it was received in a timely manner. The receiving healthcare organization shall also pay for any costs related to shipping the equipment back to the donor organization.

**Loaned Supplies, Materials or Pharmaceuticals (Consumables):**

The receiving healthcare organization shall return to the donor organization as soon as feasibly possible an exact replacement inventory of borrowed consumables. It shall be the receiving healthcare organization's responsibility to pay for any costs related to shipping the consumables back to the donor organization.

**Loaned Personnel:**

The receiving healthcare organization shall reimburse the donor organization compensation for all borrowed personnel during times of disasters. Reimbursement rates shall be based on the current compensation rate for personnel as provided by the donor organization. The receiving healthcare organization is only responsible to reimburse wages for personnel that are specifically requested. Personnel that show up to assist without being specifically requested shall be considered volunteers.

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**Appendix D - Hospital Status Report Form**

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# San Joaquin Operational Area Healthcare Coalition

## HOSPITAL STATUS REPORT FORM

Use this form for data collection only, submit the report online at <https://webeoc.sjgov.org/eoc7>

### 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 – <b>Real World</b> or <b>Exercise</b>
#2	Enter the complete <b>name</b> of your hospital
#3 & #4	Enter the <b>date</b> and <b>time</b> the report was completed
#5	Check if this is an <b>Initial</b> , <b>Revised</b> or <b>Final</b> Report
#6	Check the type(s) of incident that is occurring at your hospital
#7	Check if your situation is: <b>Worsening</b> , <b>No Change</b> (stable), or <b>Improving</b>
#8	Provide a brief description of the situation
#9	Check the applicable facility status: <b>Fully</b> , <b>Partially</b> , or <b>Not Functional</b>
#10 to #16	Enter the <b>name</b> , the <b>HICS position</b> , and <b>contact information</b> 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
<b>Bed Status</b>	<b>Enter your current and estimated future bed status</b>
#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
<b>Number of Casualties</b>	<b>Enter information about the numbers and type of casualties you have received during the current reporting period. Refer to the HICS-259 Form</b>
#30	Enter the number of untreated <b>Immediate</b> casualties (START triage category)
#31	Enter the number of untreated <b>Delayed</b> casualties (START triage category)
#32	Enter the number of untreated <b>Minor</b> casualties (START triage category)
#33	Enter the number of casualties <b>treated and released</b>
#34	Enter the number of casualties <b>treated and admitted</b> to the hospital
#35	Enter the number of casualties <b>deceased</b>
#36	Enter your <b>used</b> morgue capacity information
#37	Enter your <b>available</b> morgue capacity information
<b>Evacuation</b>	<b>Enter information regarding an evacuation</b>
#38	Check if you evacuating status, <b>No</b> , <b>Yes - Partially</b> , or <b>Yes - Completely</b>
#39	If you are evacuating, enter how many <b>ambulatory</b> patients are you evacuating
#40	If you are evacuating, enter how many <b>non-ambulatory</b> patients are you evacuating
<b>Impacts</b>	<b>List the impacts of this incident on:</b>
#41	List the impact ( <i>actual and potential</i> ) to <b>Services</b>
#42	List the impact ( <i>actual and potential</i> ) to <b>Health and Safety</b> . Refer to the HICS-261 Form.



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*Use this form for data collection only, submit the report online at <https://webeoc.sjgov.org/eoc7>*

<b>Hospital Command Center (HCC) Activation</b>			
17. HCC Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
18. HCC Phone:			
19. HCC Fax:			
<b>Bed Availability</b>			
	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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Number of Casualties (HICS-259)</b>			
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:	
<b>Evacuation Information</b>			
38. Are you Evacuating: <input type="checkbox"/> No, not evacuating <input type="checkbox"/> Yes*, partially evacuating <input type="checkbox"/> Yes*, completely evacuating			
<i>*If you are evacuating patients, complete the HE-401, Hospital Patient Evacuation Category Form San Joaquin County Hospital Evacuation Plan <a href="http://sjgov.org/ems/PDF/SJOAHospitalEvacPlan.pdf">http://sjgov.org/ems/PDF/SJOAHospitalEvacPlan.pdf</a></i>			
39. Number of Ambulatory Patients Evacuating:			
40. Number of Non-ambulatory Patients Evacuating:			

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HOSPITAL STATUS REPORT FORM**

*Use this form for data collection only, submit the report online at <https://webeoc.sjgov.org/eoc7>*

**Impacts**

**41. Impact on Services:**

**42. Health & Safety Impact:**

**43. Infrastructure Impact:**

**Resources Available**

**44. Resources Available:**

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**Appendix E - Clinic Status Report Form**

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# San Joaquin Operational Area Healthcare Coalition

## CLINIC STATUS REPORT FORM

Use this form for data collection only, submit the report online at <https://webeoc.sjgov.org/eoc7>

### 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 – <b>Real World</b> or <b>Exercise</b>
#2	Enter the complete <b>full name</b> of your clinic
#3	Enter the <b>date</b> the report was completed
#4	Enter the <b>time</b> the report was completed, use 24 hour clock
#5	Check if this is an <b>Initial, Revised or Final</b> Report
#6	Check the type(s) of incident that is occurring at your clinic
#7	Check if your situation is: <b>Worsening, No Change</b> (stable), or <b>Improving</b>
#8	Provide a brief description of the situation
#9	Check the applicable facility status: <b>Fully, Partially, or Not Functional</b>
#10	Check the applicable <b>clinic type</b>
#11 to #13	Enter your physical <b>address</b> .
#14 to #20	Enter the <b>name, the HICS position, and contact information</b> 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
<b>Number of Casualties</b>	<b>Enter information about the numbers and type of casualties you have received during the current reporting period. Refer to the HICS-259 Form</b>
#24	Enter the number of untreated <b>Immediate</b> casualties (START triage category)
#25	Enter the number of untreated <b>Delayed</b> casualties (START triage category)
#26	Enter the number of untreated <b>Minor</b> casualties (START triage category)
#27	Enter the number of casualties <b>treated and released</b>
#28	Enter the number of casualties <b>treated and transferred</b> to a hospital
#29	Enter the number of casualties <b>deceased</b>
<b>Evacuation</b>	<b>Enter information regarding an evacuation</b>
#30	Check if you evacuating status, <b>No, Yes - Partially, or Yes - Completely</b>
#31	If you are evacuating, enter how many <b>ambulatory</b> patients are you evacuating
#32	If you are evacuating, enter how many <b>non-ambulatory</b> patients are you evacuating
<b>Impacts</b>	<b>List the impacts of this incident on:</b>
#33	List the impact ( <i>actual and potential</i> ) to <b>Services</b>
#34	List the impact ( <i>actual and potential</i> ) to <b>Health and Safety</b> . Refer to the HICS-261 Form.
#35	List the impact ( <i>actual and potential</i> ) to <b>infrastructure</b> . Refer to the HICS-251 Form

**San Joaquin Operational Area Healthcare Coalition  
CLINIC STATUS REPORT FORM**

*Use this form for data collection only, submit the report online at <https://webeoc.sjgov.org/eoc7>*

#36	Enter a description of any resources that you can share with other healthcare facilities	
<b>Facility and Incident Overview</b>		
1. <b>Event Type:</b>	<input type="checkbox"/> Real World	<input type="checkbox"/> Exercise
2. <b>Name of Clinic:</b>		
3. <b>Date:</b>	4. <b>Time (24-Hr. Clock):</b>	
5. <b>Report Type:</b>	<input type="checkbox"/> Initial	<input type="checkbox"/> Revised <input type="checkbox"/> Final
6. <b>Incident Type:</b>	<input type="checkbox"/> Communications / IT Failure	<input type="checkbox"/> Patient Surge
	<input type="checkbox"/> Fire / Explosion	<input type="checkbox"/> Security Threat
	<input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> Severe Weather
	<input type="checkbox"/> Labor Disruption	<input type="checkbox"/> Utility Failure
	<input type="checkbox"/> Other, specify:	
7. <b>Prognosis:</b>	<input type="checkbox"/> Worsening	
	<input type="checkbox"/> No Change	
	<input type="checkbox"/> Improving	
8. <b>Provide a brief description of the situation:</b>		
9. <b>Overall Facility Status:</b>		
	<input type="checkbox"/> Fully Functional (minor reductions in patient services; able to carry out majority of normal operating functions)	
	<input type="checkbox"/> Partially Functional (moderate to significant reductions in patient services)	
	<input type="checkbox"/> Not Functional (not suitable for continued occupancy; critically damaged or affected; unable to continue any services)	
<b>Clinic Information</b>		
10. <b>Clinic Type:</b>	<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Dialysis
	<input type="checkbox"/> Community	<input type="checkbox"/> Home Health Agency
	<input type="checkbox"/> Other, specify:	
11. <b>Street Address:</b>		
12. <b>City:</b>		13. <b>Zip Code:</b>

**San Joaquin Operational Area Healthcare Coalition**  
**CLINIC STATUS REPORT FORM**

*Use this form for data collection only, submit the report online at <https://webeoc.sjgov.org/eoc7>*

<b>Primary Point of Contact Information</b>	
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:	
<b>Clinic Command Center Activation</b>	
21. Command Center Activated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Command Center Phone:	
23. Command Center Fax:	
<b>Number of Casualties (HICS-259)</b>	
24. Untreated – Immediate:	25. Untreated – Delayed:
26. Untreated – Minor:	27. Treated – Released:
28. Treated – Transferred:	29. Deceased:
<b>Evacuation Information</b>	
30. Are you Evacuating:	<input type="checkbox"/> No, not evacuating <input type="checkbox"/> Yes, partially evacuating <input type="checkbox"/> Yes, completely evacuating
31. Number of Ambulatory Patients Evacuating:	
32. Number of Non-ambulatory Patients Evacuating:	
<b>Impacts</b>	
33. Impact on Services:	
34. Health & Safety Impact:	

**San Joaquin Operational Area Healthcare Coalition  
CLINIC STATUS REPORT FORM**

*Use this form for data collection only, submit the report online at <https://webeoc.sjgov.org/eoc7>*

**35. Infrastructure Impact:**

**Resources Available**

**36. Resources Available:**

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**Appendix F - Behavioral Health Facility Status Report Form**

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## San Joaquin Operational Area Healthcare Coalition BEHAVIORAL HEALTH FACILITY STATUS REPORT FORM

Use this form for data collection only, submit the report online at <https://webeoc.sjgov.org/eoc7>

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

**San Joaquin Operational Area Healthcare Coalition  
BEHAVIORAL HEALTH FACILITY STATUS REPORT FORM**

*Use this form for data collection only, submit the report online at <https://webeoc.sjgov.org/eoc7>*

<b>Facility and Incident Overview</b>	
<b>1. Event Type:</b>	<input type="checkbox"/> Real World <input type="checkbox"/> Exercise
<b>2. Name of Behavioral Health Facility:</b>	
<b>3. Street Address:</b>	
<b>4. City:</b>	<b>5. Zip Code:</b>
<b>6. Date:</b>	<b>7. Time (24-Hr. Clock):</b>
<b>8. Report Type:</b>	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Final
<b>9. Incident Type:</b>	<input type="checkbox"/> Communications / IT Failure <input type="checkbox"/> Patient Surge <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Security Threat <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Severe Weather <input type="checkbox"/> Labor Disruption <input type="checkbox"/> Utility Failure <input type="checkbox"/> Other, specify:
<b>10. Prognosis:</b>	<input type="checkbox"/> Worsening <input type="checkbox"/> No Change <input type="checkbox"/> Improving
<b>11. Provide a brief description of the situation:</b>	
<b>12. Overall Facility Status:</b>	
<input type="checkbox"/> Fully Functional (minor reductions in patient services; able to carry out majority of normal operating functions) <input type="checkbox"/> Partially Functional (moderate to significant reductions in patient services) <input type="checkbox"/> Not Functional (not suitable for continued occupancy; critically damaged or affected; unable to continue any services)	
<b>Primary Point of Contact Information</b>	
<b>13. Contact Name:</b>	
<b>14. Contact ICS or HICS Position:</b>	
<b>15. Contact Phone Number:</b>	
<b>16. Contact Fax Number:</b>	
<b>17. Contact Cell Phone Number:</b>	
<b>18. Contact Pager Number:</b>	
<b>19. Contact Email:</b>	



**San Joaquin Operational Area Healthcare Coalition  
BEHAVIORAL HEALTH FACILITY STATUS REPORT FORM**

*Use this form for data collection only, submit the report online at <https://webeoc.sjgov.org/eoc7>*

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

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**Appendix G - Long Term Care Facility Status Report Form**

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## San Joaquin Operational Area Healthcare Coalition LONG TERM CARE FACILITY STATUS REPORT FORM

Use this form for data collection only, submit the report online at <https://webeoc.sjgov.org/eoc7>

### 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 – <b>Real World</b> or <b>Exercise</b>
#2	Enter the complete <b>name</b> of your long term care health facility
#3 to #5	Enter the physical <b>address</b>
#6 and #7	Enter the <b>date</b> and <b>time</b> the report was completed
#8	Check if this is an <b>Initial, Revised</b> or <b>Final</b> Report
#9	Check the type(s) of incident that is occurring at your facility
#10	Check if your situation is: <b>Worsening, No Change</b> (stable), or <b>Improving</b>
#11	Provide a brief description of the situation
#12	Check the applicable facility status: <b>Fully, Partially, or Not Functional</b>
#13 to #19	Enter the <b>name</b> , the <b>NHICS position</b> , and <b>contact information</b> 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, <b>No, Yes - Partially, or Yes - Completely</b>
#33	If you are evacuating, enter how many <b>ambulatory</b> patients are you evacuating
#34	If you are evacuating, enter how many <b>non-ambulatory</b> patients are you evacuating
Impacts	List the impacts of this incident on:
#35	List the impact ( <i>actual and potential</i> ) to <b>Services</b>
#36	List the impact ( <i>actual and potential</i> ) to <b>Health and Safety</b> . Refer to the NHICS-261 Form.
#37	List the impact ( <i>actual and potential</i> ) to <b>infrastructure</b> . Refer to the NHICS-251 Form
#38	Enter a description of any resources that you can share with other healthcare facilities

**San Joaquin Operational Area Healthcare Coalition  
LONG TERM CARE FACILITY STATUS REPORT FORM**

Use this form for data collection only, submit the report online at <https://webeoc.sjgov.org/eoc7>

Facility and Incident Overview	
1. <b>Event Type:</b> <input type="checkbox"/> Real World <input type="checkbox"/> Exercise	
2. <b>Name of Long Term Care Facility:</b>	
3. <b>Street Address:</b>	
4. <b>City:</b>	5. <b>State/Zip Code:</b>
6. <b>Date:</b>	7. <b>Time (24-Hr. Clock):</b>
8. <b>Report Type:</b> <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Final	
9. <b>Incident Type:</b> <input type="checkbox"/> Communications / IT Failure <input type="checkbox"/> Patient Surge <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Security Threat <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Severe Weather <input type="checkbox"/> Labor Disruption <input type="checkbox"/> Utility Failure <input type="checkbox"/> Other, specify:	
10. <b>Prognosis:</b> <input type="checkbox"/> Worsening <input type="checkbox"/> No Change <input type="checkbox"/> Improving	
11. <b>Provide a brief description of the situation:</b>	
12. <b>Overall Facility Status:</b> <input type="checkbox"/> Fully Functional (minor reductions in patient services; able to carry out majority of normal operating functions) <input type="checkbox"/> Partially Functional (moderate to significant reductions in patient services) <input type="checkbox"/> Not Functional (not suitable for continued occupancy; critically damaged or affected; unable to continue any services)	
Primary Point of Contact Information	
13. <b>Contact Name:</b>	
14. <b>Contact NHICS Position:</b>	
15. <b>Contact Phone Number:</b>	
16. <b>Contact Fax Number:</b>	
17. <b>Contact Cell Phone Number:</b>	
18. <b>Contact Pager Number:</b>	
19. <b>Contact Email:</b>	

**San Joaquin Operational Area Healthcare Coalition  
LONG TERM CARE FACILITY STATUS REPORT FORM**

Use this form for data collection only, submit the report online at <https://webeoc.sjgov.org/eoc7>

<b>Command Center Activation</b>			
20. Command Center Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. Command Center Phone:			
22. Command Center Fax:			
<b>Bed Availability</b>			
	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)			
<b>Evacuation Information</b>			
32. Are you Evacuating: <input type="checkbox"/> No, not evacuating <input type="checkbox"/> Yes*, partially evacuating <input type="checkbox"/> Yes*, completely evacuating			
<i>*If you are evacuating patients, complete Form LTC-401, Emergency Evacuation Destination Categories for Long Term Care Facility Patients / Residents <a href="http://sjgov.org/ems/PDF/LongTermCareFacilityForms.pdf">http://sjgov.org/ems/PDF/LongTermCareFacilityForms.pdf</a></i>			
33. Number of Ambulatory Patients Evacuating:			
34. Number of Non-ambulatory Patients Evacuating:			

**San Joaquin Operational Area Healthcare Coalition  
LONG TERM CARE FACILITY STATUS REPORT FORM**

*Use this form for data collection only, submit the report online at <https://webeoc.sjgov.org/eoc7>*

**Impacts**

**35. Impact on Services:**

**36. Health & Safety Impact:**

**37. Infrastructure Impact:**

**Resources Available**

**38. Resources Available:**



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**Appendix H - San Joaquin County Medical/Health Interagency Situation Report**

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## San Joaquin County MEDICAL/HEALTH INTERAGENCY SITUATION REPORT

Use this form for data collection only, submit the report online at <https://webeoc.sigov.org/eoc7>

### 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 hospital's status information
2. Log onto WebEOC <https://webeoc.sigov.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: <input type="checkbox"/> Real World <input type="checkbox"/> Exercise	
2. Report Type: <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Final	
3. Agency Name:	
4. Event Name:	
5. Date of Report:	6. Time of Report:
7. Location:	
8. Prognosis: <input type="checkbox"/> Improving <input type="checkbox"/> Worsening <input type="checkbox"/> No Change	
9. Medical/Health Impact: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
10. Current Situation:	



**San Joaquin County  
MEDICAL/HEALTH INTERAGENCY SITUATION REPORT**

Use this form for data collection only, submit the report online at <https://webeoc.sjgov.org/eoc7>

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

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**Appendix I – EMResource Healthcare Facility and Interagency Situation Report  
Instructions**

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San Joaquin Operational Area Healthcare Coalition  
EMResource Healthcare Facility Status and Interagency Situation Report Instructions  
(Only use EMResource for submitting reports when WebEOC is down)

1. Log onto the EMResources website <https://emresource.emsystem.com/login.jsp>
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.

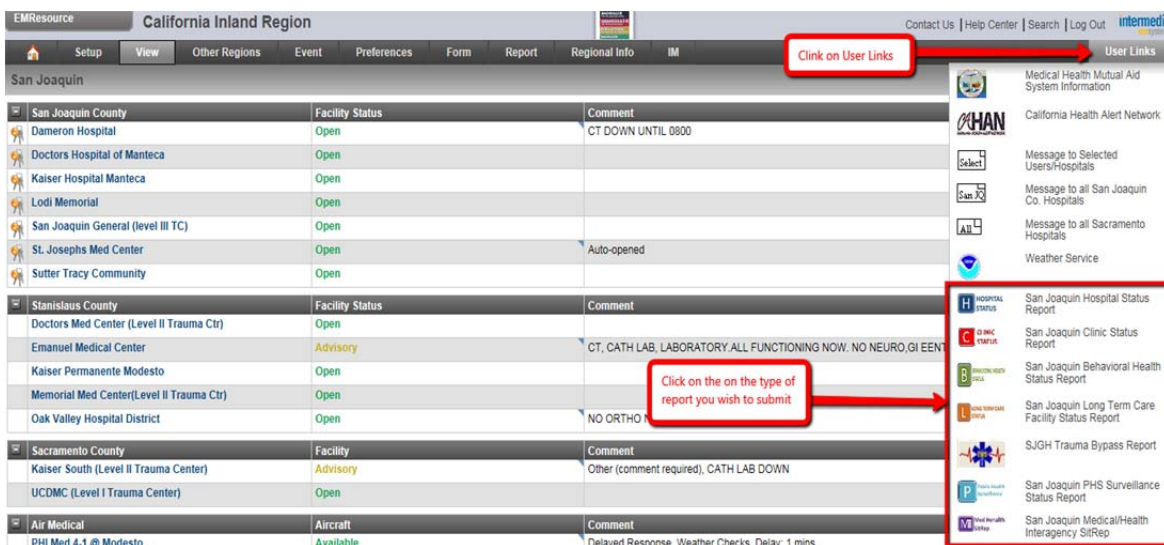
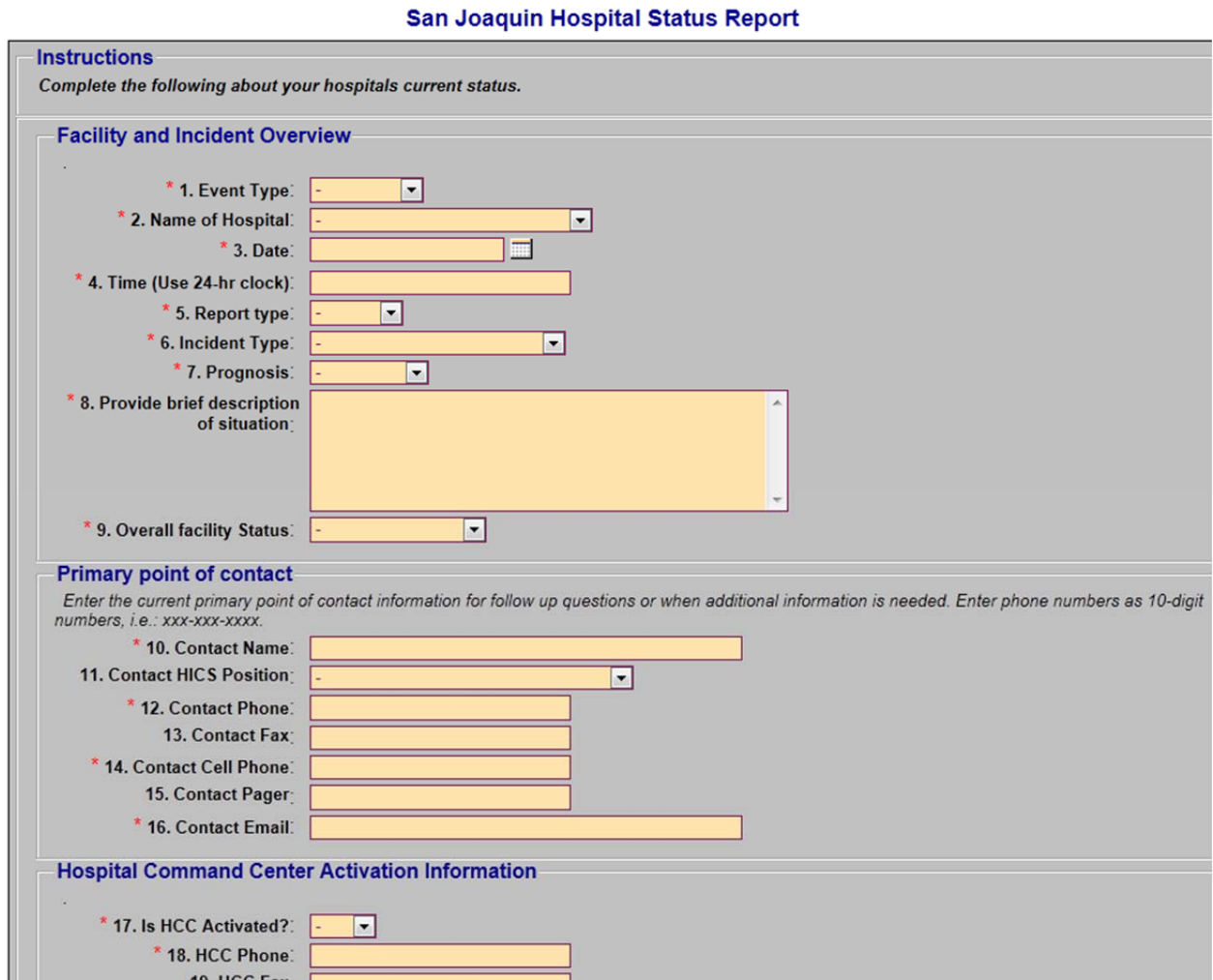


Figure 2

San Joaquin Operational Area Healthcare Coalition  
EMResource Healthcare Facility Status and Interagency Situation Report Instructions  
(Only use EMResource for submitting reports when WebEOC is down)

4. Complete the report form (Figure 3).



**San Joaquin Hospital Status Report**

**Instructions**  
Complete the following about your hospitals current status.

**Facility and Incident Overview**

- \* 1. Event Type: - [dropdown]
- \* 2. Name of Hospital: - [dropdown]
- \* 3. Date: [calendar]
- \* 4. Time (Use 24-hr clock): [text]
- \* 5. Report type: - [dropdown]
- \* 6. Incident Type: - [dropdown]
- \* 7. Prognosis: - [dropdown]
- \* 8. Provide brief description of situation: [text area]
- \* 9. Overall facility Status: - [dropdown]

**Primary point of contact**  
Enter the current primary point of contact information for follow up questions or when additional information is needed. Enter phone numbers as 10-digit numbers, i.e.: xxx-xxx-xxxx.

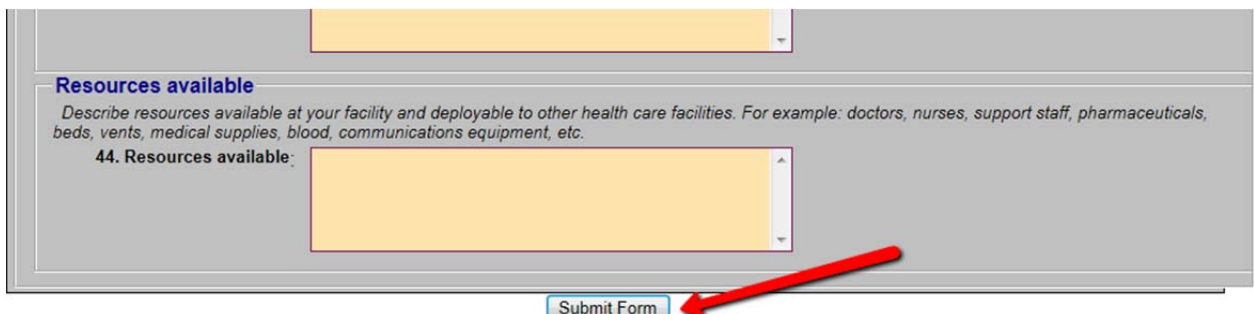
- \* 10. Contact Name: [text]
- 11. Contact HICS Position: - [dropdown]
- \* 12. Contact Phone: [text]
- 13. Contact Fax: [text]
- \* 14. Contact Cell Phone: [text]
- 15. Contact Pager: [text]
- \* 16. Contact Email: [text]

**Hospital Command Center Activation Information**

- \* 17. Is HCC Activated?: - [dropdown]
- \* 18. HCC Phone: [text]
- 19. HCC Fax: [text]

Figure 3

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



**Resources available**  
Describe resources available at your facility and deployable to other health care facilities. For example: doctors, nurses, support staff, pharmaceuticals, beds, vents, medical supplies, blood, communications equipment, etc.

- 44. Resources available: [text area]

[Submit Form](#)

Figure 4



San Joaquin Operational Area  
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**Appendix J – EMResource Hospital Available Beds for Emergencies and  
Disasters (HAvBED) Instructions**

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San Joaquin Operational Area Healthcare Coalition  
EMResource Hospital Available Beds for Emergencies and Disasters  
(HAVBED) Instructions

1. 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.
2. 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).

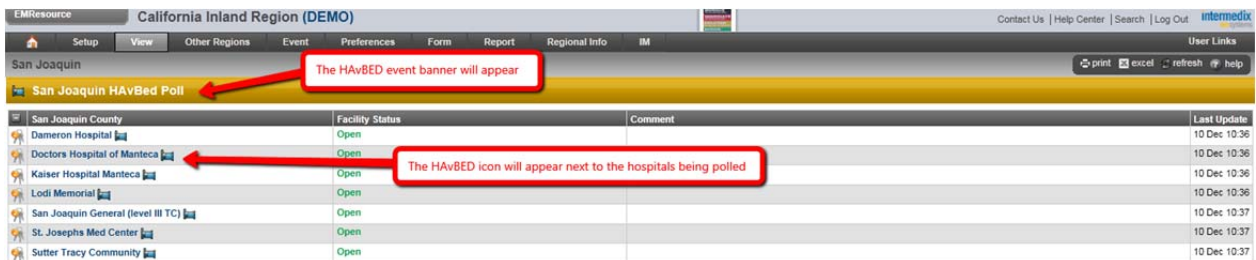


Figure 1

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

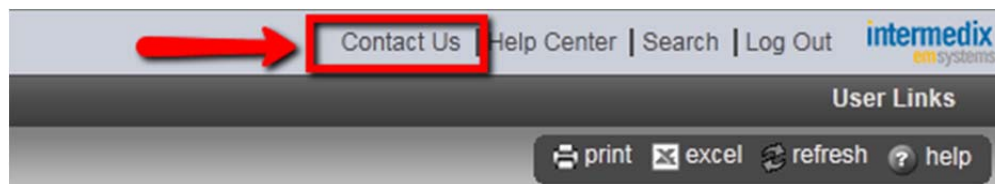
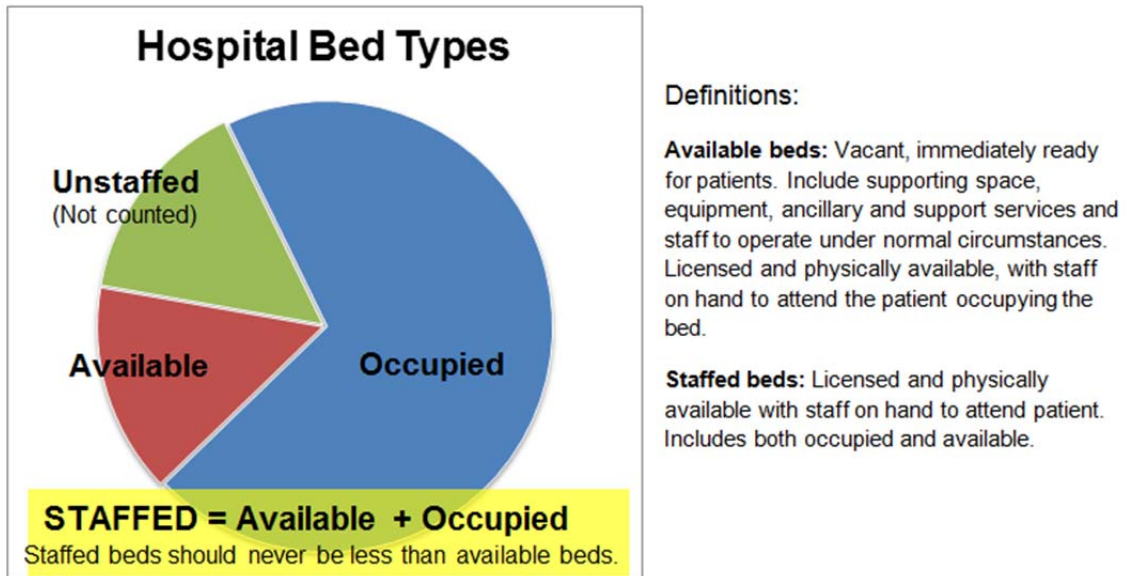


Figure 3

San Joaquin Operational Area Healthcare Coalition  
EMResource Hospital Available Beds for Emergencies and Disasters  
(HAVBED) Instructions

3. Use the HAVBED Data Collection Form (Figure 4) to collect all HAVBED data.



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

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

Figure 4

## San Joaquin Operational Area Healthcare Coalition EMResource Hospital Available Beds for Emergencies and Disasters (HAVBED) Instructions

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

The screenshot shows the EMResource interface for a 'San Joaquin HAVBed Poll'. The table lists various hospitals and their available beds across multiple categories. The 'Kaiser Hospital Manteca' row is highlighted in green, indicating it is the selected facility.

San Joaquin County	Facility Status	Adult ICU (Available)	Med/Surg (Available)	Burns (Available)	PICU (Available)	Peds (Available)	Psych (Available)	NeqFlow (Available)	OR (Available)	Decon	Venta (HAVBED)	Staffed Beds: Adult ICU	Staffed Beds: Burn	Staffed Beds: Medical Surgical	Staffed Beds: Neg Flow Isolation	Staffed Beds: Operating Room	Staffed Beds: Pediatric ICU	Staffed Beds: Pediatrics	Staffed Beds: Psychiatric	Comment	Last Update	By User
Dameron Hospital	Open	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	10 Dec 10:36	San Joaquin County EMS Du...	
Doctors Hospital of Manteca	Open	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	10 Dec 10:36	San Joaquin County EMS Du...	
Kaiser Hospital Manteca	Open	0	0	0	0	0	0	0	0	Available	--	0	0	0	0	0	0	0	0	10 Dec 10:42	San Joaquin County EMS Du...	
Lodi Memorial	Open	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	10 Dec 10:36	San Joaquin County EMS Du...	
San Joaquin General (level III TC)	Open	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	10 Dec 10:37	San Joaquin County EMS Du...	
St. Josephs Med Center	Open	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	10 Dec 10:37	San Joaquin County EMS Du...	
Sutter Tracy Community	Open	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	10 Dec 10:37	San Joaquin County EMS Du...	
Summary	N/A	0	0	0	0	0	0	0	0	N/A	0	0	0	0	0	0	0	0	0			

Figure 5

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

The screenshot shows a close-up of the table from Figure 5. A red arrow points to the 'Adult ICU (Available)' column for 'Doctors Hospital of Manteca', which is currently set to '--'. A red box with the text 'Click on the category to open' is overlaid on the table, indicating the next step in the process.

San Joaquin County	Facility Status	Adult ICU (Available)	Med/Surg (Available)	Burns (Available)	PICU (Available)	Peds (Available)
Dameron Hospital	Open	--	--	--	--	--
Doctors Hospital of Manteca	Open	--	--	--	--	--

Figure 6

San Joaquin Operational Area Healthcare Coalition  
EMResource Hospital Available Beds for Emergencies and Disasters  
(HAvBED) Instructions

6. 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.

Update Status

San Joaquin HAvBed Poll

[Show All Statuses](#) ← **Click on Show All Statuses**

**Dameron Hospital**

Select the statuses to update (unchecked ones will not be changed):

**Adult ICU (Available):** Unoccupied and staffed beds ready to receive patients that can support critically ill/injured patients, including ventilator support

Comment:

[Show All Statuses](#)

Figure 7

Update Status

San Joaquin HAvBed Poll

[Select All](#) ← **Click on Select All** [Clear All](#)

**Dameron Hospital**

Select the statuses to update (unchecked ones will not be changed):

**Resource Contacts**

**Base Hosp #:** Base Hospital Phone number

**ED #:** Emergency Dept Phone number

**Main Hosp #:** Main Hospital Phone number

**Statuses**

**Facility Status:** Ability of the listed facility to accept EMS traffic.

**HAvBed**

**Adult ICU (Available):** Unoccupied and staffed beds ready to receive patients that can support critically ill/injured patients, including ventilator support

Comment:

Figure 8

San Joaquin Operational Area Healthcare Coalition  
EMResource Hospital Available Beds for Emergencies and Disasters  
(HAVBED) Instructions

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

**HAvBed**

**Adult ICU (Available):** Unoccupied and staffed beds ready to receive patients that can support critically ill/injured patients, including ventilator s  
0  
Comment:

**Med/Surg (Available):** Unoccupied and staffed medical/surgical beds ready to receive patients. Also thought of as Ward beds  
0  
Comment: Enter the applicable numbers

**Burns (Available):** Unoccupied and staffed beds ready to receive patients. Thought of as Burn ICU beds, either approved by the American Burn  
other ICU bed counts)  
0  
Comment:

**PICU (Available):** Unoccupied and staffed beds for Adult ICU, but for patients 17 years and younger  
0  
Comment:

**Peds (Available):** Unoccupied and staffed beds ready to receive pediatric patients under 17 years old.  
0  
Comment:

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

Comment:

**Staffed Beds: Psychiatric:** Total number of staffed occupied and vacant psychiatric b  
0  
Comment: Click the Save Button

Save Cancel

Figure 10

San Joaquin Operational Area  
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**Appendix K – California Medical and Health Situation Report**

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## MEDICAL and HEALTH SITUATION REPORT (SITREP)

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

<b>A. Report Type</b>		<b>B. Report Status</b>		<b>C. Report Creation Date/Time</b>	
<input type="checkbox"/> INITIAL	<input type="checkbox"/> UPDATE #	<input type="checkbox"/> 1. Advisory: No Action Required		1. Report Date:	2. Report Time:
	<input type="checkbox"/> FINAL	<input type="checkbox"/> 2. Alert: Action Required see "Critical Issues"			
<b>D. Incident / Event Information</b>					
1. Mutual Aid Region:		2. Jurisdiction (OA):	3. Abrv:		
REGION IV			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:					
<input type="checkbox"/> Level I - Op Area <input type="checkbox"/> Level II - Region <input type="checkbox"/> Level III - State <input type="checkbox"/> Unknown					
<b>F. Current Operational Area Medical and Health System Condition:</b>					
<input type="checkbox"/> GREEN – Normal Operations: (Update: Situation Resolved)		<input type="checkbox"/> ORANGE – Assistance from within the jurisdiction/OA Required		<input type="checkbox"/> BLACK – SIGNIFICANT Assistance required from outside the jurisdiction/OA.	
<input type="checkbox"/> YELLOW – Under Control: NO Assistance Required		<input type="checkbox"/> RED – SOME Assistance required from outside the jurisdiction/OA		<input type="checkbox"/> GREY - Unknown - Conducting Assessments	
<b>G. Prognosis:</b> <input type="checkbox"/> NO CHANGE <input type="checkbox"/> IMPROVING <input type="checkbox"/> WORSENING					

**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.)



**PEN & PAPER VERSION SECTION 2 (Continued)**

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

Additional Notes:

**PEN & PAPER VERSION SECTION 3**

<b>U.Overall Healthcare FACILITIES System Status</b>	<input type="checkbox"/> Green – Normal Operations: (Situation Resolved)	<input type="checkbox"/> Yellow – Under control: NO Assistance Required	<input type="checkbox"/> Orange – Assistance from with the Facility Required	<input type="checkbox"/> Red – SOME Assistance from Outside Facility Required	<input type="checkbox"/> Black - SIGNIFICANT Assistance from Outside Facility Required
<b>1. Total General Acute Care Hospitals:</b> 1. GACH – Fully Functional 2. GACH – Not Functional 3. GACH – Partially Functional 4. GACH – Not Reporting	# # # # #	5. Acute Care Hospital Comments:    <input type="checkbox"/> No Report/Assessment			
<b>2. Total SNFs / LTCFs:</b> 1. SNF – Fully Functional 2. SNF – Not Functional 3. SNF – Partially Functional 4. SNF – Not Reporting	# # # # #	<input type="checkbox"/> No Report/Assessment			
<b>3. Total ICF - DD Intermed Care Facil:</b> 1. IFC – Fully Functional 2. IFC – Not Functional 3. IFC – Partially Functional 4. IFC – Not Reporting	# # # # #	<input type="checkbox"/> No Report/Assessment			
<b>4. Total Acute Psych Hospitals:</b> 1. APH – Fully Functional 2. APH – Not Functional 3. APH – Partially Functional 4. APH – Not Reporting	# # # # #	<input type="checkbox"/> No Report/Assessment			
<b>5. Total State Hospitals (Corr, DD, MH):</b> 1. StH – Fully Functional 2. StH – Not Functional 3. StH – Partially Functional 4. StH – Not Reporting	# # # # #	<input type="checkbox"/> No Report/Assessment			

**PEN & PAPER VERSION SECTION 3 (Continued)**

<b>6. Total CLF Cong Care Health Fac:</b>	#	<input type="checkbox"/> No Report/Assessment	
	1. CLF – Fully Functional		#
	2. CLF – Not Functional		#
	3. CLF – Partially Functional		#
	4. CLF – Not Reporting		#
<b>7. Total Dialysis Centers:</b>	#	<input type="checkbox"/> No Report/Assessment	
	1. Dial – Fully Functional		#
	2. Dial – Not Functional		#
	3. Dial – Partially Functional		#
	4. Dial – Not Reporting		#



**PEN & PAPER VERSION SECTION 4**

<b>V. General Infrastructure Damage as it relates to the Medical Health System</b>					(If other than green, provide brief comment)	
1. Roads	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
2. Medical Health Communications	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
3. Communications	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
4. Power	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	
<b>W. Care and Shelter</b>						
1. Medical Mission at Shelter						
2. Number Opened:		#	3. Population Served:		#	
4. Medical Support of Shelter <input type="checkbox"/> Open <input type="checkbox"/> None <input type="checkbox"/> Planned <input type="checkbox"/> Assessing – no report						
Comments:						
5. Mobile Field Hospital <input type="checkbox"/> Open <input type="checkbox"/> None <input type="checkbox"/> Planned <input type="checkbox"/> Assessing – no report						
Comments:						
6. Gov Auth. Alternate Care Sites <input type="checkbox"/> Open <input type="checkbox"/> None <input type="checkbox"/> Planned <input type="checkbox"/> Assessing – no report						
Comments:						
7. Specialty Center <input type="checkbox"/> Open <input type="checkbox"/> None <input type="checkbox"/> Planned <input type="checkbox"/> Assessing – no report						
Comments:						
8. Field Treatment Sites <input type="checkbox"/> Open <input type="checkbox"/> None <input type="checkbox"/> Planned <input type="checkbox"/> Assessing – no report						
Comments:						

**PEN & PAPER VERSION SECTION 4 (Continued)**

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

**X. Medical Transportation**

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

**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

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**Appendix L – Amateur Radio Communications Guidance**

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# **San Joaquin Operational Area Healthcare Coalition**



## **Amateur Radio Communications Guidance**

January 12, 2015

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

San Joaquin Operational Area Healthcare Coalition Amateur Radio Communications  
Guidance

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# San Joaquin Operational Area Healthcare Coalition Amateur Radio Communications Guidance

## 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 Status or Interagency Situation Report Form for your type or 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.

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<b>Phonetic Alphabet</b>	
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 – whiskey
K – kilo	X – x-ray
L – lima	Y – yankee
M – mike	Z – zulu

(Figure 1)

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

<b>Facility and Incident Overview</b>	
<b>1. Event Type:</b>	<input type="checkbox"/> Real World <input checked="" type="checkbox"/> Exercise
<b>2. Name of Hospital:</b>	ABC General Hospital
<b>3. Date:</b>	September 17, 2013
<b>4. Time (24-Hr. Clock):</b>	1117
<b>5. Report Type:</b>	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Final
<b>6. Incident Type:</b>	<input checked="" type="checkbox"/> Communications / IT Failure <input type="checkbox"/> Patient Surge <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Security Threat <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Severe Weather <input type="checkbox"/> Labor Disruption <input type="checkbox"/> Utility Failure <input type="checkbox"/> Other, specify:
<b>7. Prognosis:</b>	<input checked="" type="checkbox"/> Worsening <input type="checkbox"/> No Change <input type="checkbox"/> Improving

Sample Hospital Status report excerpt

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- #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:

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

*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.

<b>Impacts</b>
<p><b>41. Impact on Services:</b></p> <ul style="list-style-type: none"> <li>• Electronic admissions system and medical records are not available. Implementing backup systems and paper records.</li> <li>• EMSsystem computer is down, please use “Blast Phone” for ED bed polling.</li> <li>• Med Net radio is down. Ambulances are requested to call the ED via land line 209-555-5555 prior to arrival.</li> </ul>

*Sample Hospital Status report excerpt*

## San Joaquin Operational Area Healthcare Coalition Amateur Radio Communications Guidance

#41

- Electronic admissions system and medical records are not available. Implementing backup systems and paper records.
- EMSsystem 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.
- EMSsystem 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

## San Joaquin Operational Area Healthcare Coalition Amateur Radio Communications Guidance

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](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 teach members of the San Joaquin Operational Area Healthcare Coalition, healthcare professionals and volunteers 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](mailto:pcook@sjgov.org) or (209) 468-7494

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- b. David Coursey (N5FDL) [david@coursey.com](mailto:david@coursey.com) or (209) 740-7515
- c. Net Control telephone numbers: (209) 468-7052 or (209) 468-7494
- d. Net Control Station: K6EMS (Kilo-Six-Echo-Mike-Sierra)
- e. Primary Repeater: (SJC2) 146.655 (-) 100
- f. Secondary Repeater: (SJC4) 147.090 (+) 114.8

**VII. Appendix**

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

<b>1. Incident Name:</b> Basis Amateur Radio Communications Plan				<b>2. Date/Time Prepared:</b> Date: _____ Time: _____				<b>3. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____			
<b>4. Basic Radio Channel Use:</b>											
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	87.0	A	Kaiser Clinic Stockton Local Coverage	
<b>5. Special Instructions:</b>          											
<b>6. Prepared by (Communications Unit Leader):</b> Name: _____ Signature: _____											
ICS 205			IAP Page _____			Date/Time: <u>1/12/15</u>					

San Joaquin Operational Area Healthcare Coalition Amateur Radio Communications Guidance

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

<b>1. Incident Name:</b> Basis Amateur Radio Communications Plan			<b>2. Date/Time Prepared:</b> Date: _____ Time: _____				<b>3. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____			
<b>4. Basic Radio Channel Use:</b>										
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	
<b>5. Special Instructions:</b> Use caution not to assign adjacent simplex frequencies too closely to avoid adjacent channel interference.										
<b>6. Prepared by (Communications Unit Leader):</b> Name: _____ Signature: _____										
ICS 205			IAP Page _____			Date/Time: <u>1/12/15</u>				



San Joaquin Operational Area  
Healthcare Coalition Governance

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San Joaquin Operational Area  
Healthcare Coalition Governance

**Appendix M – Agency/Organization Response Role Matrix**

San Joaquin Operational Area  
Healthcare Coalition Governance

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# San Joaquin Operational Area Healthcare Coalition

## Healthcare Coalition Matrix: Member Roles and Responsibilities

<b>Priority Hazard 1,2, or 3 based on Local Public Health and Medical Risk Assessment</b>	<b>Priority 1: Pandemic Influenza</b> Emergence and global spread of novel influenza strain with severity midway between the mild 1968 influenza pandemic and the severe 1918 influenza pandemic. Modeling suggests that this pandemic is expected to occur over an 18 to 24 month period, with 2 to 3 waves of severe illness, each lasting 6 to 8 weeks.
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ASSUMPTIONS	
<b>Human Impact (Injured, Illness, etc.)</b>	It is estimated that within San Joaquin County 25% of the population will (173,938) people will become ill, of which 4.4% (7,653) will require hospitalization sometime during the pandemic. Furthermore, 15% (1,148) of those admitted to hospitals will require Intensive Care Unit (ICU) care, and 7.5% (574) will require ventilator care. The highest demand for hospital care is projected to occur in week 5 of the first wave. Projected deaths are 1% (1,740).
<b>Healthcare Delivery System Impact (immediate impact on medical system)</b>	Major medical surge exceeding normal healthcare system capacity. 40% absenteeism rate is expected, which adversely impacts the ability to provide services. Pre-hospital care providers experience a surge call volume.
<b>Impact on Community Infrastructure</b>	High levels of employee absenteeism in all Critical Infrastructure sectors is expected, which will adversely impact the ability to provide services.
<b>Impact on Healthcare Workforce</b>	40% absenteeism rate is expected, which adversely impacts the ability to provide services.

### Description of Capability Needs Based on Hazard Identified

Healthcare System Preparedness
<b>Function 2: Coordinate healthcare planning to prepare the healthcare system for a disaster</b>
<ul style="list-style-type: none"> <li>• P1. Healthcare system situational assessments</li> <li>• P2. Healthcare System disaster planning</li> </ul>
<b>Function 3: Identify and prioritize essential healthcare assets and services</b>
<ul style="list-style-type: none"> <li>• E1. Equipment to assist healthcare organizations with the provision of critical services</li> </ul>
<b>Function 5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond</b>
<ul style="list-style-type: none"> <li>• P1. Healthcare organization — National Incident Management System (NIMS) training</li> <li>• S1. Training to address healthcare gaps and corrective actions</li> </ul>
<b>Function 6: Improve healthcare response capabilities through coordinated exercise and evaluation</b>
<ul style="list-style-type: none"> <li>• P1. Exercise plans</li> <li>• P2. Exercise implementation and coordination</li> <li>• P3. Evaluation and improvement plans</li> </ul>
Healthcare System Recovery
<b>Function 2: Assist healthcare organizations to implement Continuity of Operations (COOP)</b>
<ul style="list-style-type: none"> <li>• P2. Healthcare organization COOP implementation assistance — Continuity staffing plan (Human capital)</li> </ul>
Emergency Operations Coordination

# San Joaquin Operational Area Healthcare Coalition

## **Function 1: Healthcare organization multi-agency representation and coordination with emergency operations**

- P1. Healthcare organization multi-agency coordination during response
- P2. Healthcare organization and emergency operations decision coordination

## **Function 2: Assess and notify stakeholders of healthcare delivery status**

- P1. Healthcare organization resource needs assessment
- P2. Incident information sharing

## **Function 3: Support healthcare response efforts through coordination of resources**

- P1. Identify available healthcare resources
- P2. Resource management implementation
- P3. Public health resource support to healthcare organizations
- P4. Managing and resupplying resource caches
- E1. Inventory management system

## **Fatality Management**

### **Function 1: Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations**

- P2. Healthcare organization human remain surge plans

### **Function 3: Mental/behavioral support at the healthcare organization level**

- P1. Mental/behavioral health support

## **Information Sharing**

### **Function 1: Provide healthcare situational awareness that contributes to the incident common operating picture**

- P1. Healthcare information sharing plans
- P2. Healthcare essential elements of information
- E1. Healthcare information systems
- P4. Healthcare information sharing with the public
- P5. Bed tracking
- E2. Bed tracking system

### **Function 2: Develop, refine, and sustain redundant, interoperable communication systems**

- P1. Interoperable communications plans
- E1. Interoperable communication system

## **Medical Surge**

# San Joaquin Operational Area Healthcare Coalition

## **Function 1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge**

- P1. Healthcare Coalition preparedness activities
- P2. Multi-agency coordination during response

## **Function 2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations**

- P1. Healthcare organization coordination with EMS during response

## **Function 3: Assist healthcare organizations with surge capacity and capability**

- P1. Medical surge planning
- P2. Medical surge emergency operations coordination
- P3. Assist healthcare organizations maximize surge capacity
- P4. Assist healthcare organizations maximize surge capability
- P5. Medical surge information sharing

## **Function 4: Develop Crisis Standards of Care guidance**

- P4. Provide guidance for crisis standards of care implementation processes
- P5. Provide guidance for the management of scarce resources

### **Responder Safety and Health**

## **Function 1: Assist healthcare organizations with additional pharmaceutical protection for healthcare workers**

- P3. Medical Countermeasure dispensing

## **Function 2: Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE) for healthcare workers during response**

- P2. Personal protective equipment caches
- P3. Personal protective equipment supply and dispensing
- E1. Personal Protective Equipment for healthcare workers
- S1. Personal protective equipment training

### **Volunteer Management**

## **Function 1: Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations**

- P2. Collect, assemble, maintain, and utilize volunteer information
- E1. Electronic volunteer registration system

## **Function 2: Volunteer notification for healthcare response needs**

- P1. Process to contact registered volunteers
- P2. Process to confirm credentials of responding volunteers
- P3. Volunteer request process

## **Function 3: Organization and assignment of volunteers**

- P1. Volunteer deployment protocols

# San Joaquin Operational Area Healthcare Coalition

## Healthcare Coalition Matrix: Member Roles and Responsibilities

<b>Priority Hazard 1,2, or 3 based on Local Public Health and Medical Risk Assessment</b>	<b>Priority 2: Intentional Food Contamination</b> A local Hate Group has intentionally and successfully contaminated food and condiments in popular Chinese-food restaurants throughout the county. Hospitals throughout the county report a surge of cases of gastro-intestinal distress. County Public Health and Environmental Health Departments soon isolate the source of the outbreak. The Hate Group broadcasts through social media responsibility for the attacks, and their plan to target another type of ethnic restaurant in the near future. There have been some fatalities among the elderly and those with a weakened immune system. There is the potential for several hundred cases throughout your jurisdiction. Media interest is high and the public does not appear to trust any type of “Non-American” food. Local economic impact could be severe.
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ASSUMPTIONS	
<b>Human Impact (Injured, Illness, etc.)</b>	It is estimated that within San Joaquin County 500 people will be exposed, 300 people will become ill, of which 100 will require hospitalization. Furthermore, 30 of those admitted to hospitals will require Intensive Care Unit (ICU) care, 10 ICU patients will require ventilator care, and there will be 10 fatalities.
<b>Healthcare Delivery System Impact (immediate impact on medical system)</b>	Medical surge, which stresses the workforce. Hospitals, clinics and pre-hospital care providers experience a surge in patients and call volume.
<b>Impact on Community Infrastructure</b>	Significant economic impact caused by a sharp drop in sales and revenue for the restaurant industry, wholesalers, and associated businesses.
<b>Impact on Healthcare Workforce</b>	Slight increase in employee absenteeism due to the foodborne illness.

### Description of Capability Needs Based on Hazard Identified

Healthcare System Preparedness
<p><b>Function 2: Coordinate healthcare planning to prepare the healthcare system for a disaster</b></p> <ul style="list-style-type: none"> <li>• P1. Healthcare system situational assessments</li> <li>• P2. Healthcare System disaster planning</li> </ul> <p><b>Function 3: Identify and prioritize essential healthcare assets and services</b></p> <ul style="list-style-type: none"> <li>• E1. Equipment to assist healthcare organizations with the provision of critical services</li> </ul> <p><b>Function 5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond</b></p> <ul style="list-style-type: none"> <li>• P1. Healthcare organization — National Incident Management System (NIMS) training</li> <li>• S1. Training to address healthcare gaps and corrective actions</li> </ul> <p><b>Function 6: Improve healthcare response capabilities through coordinated exercise and evaluation</b></p> <ul style="list-style-type: none"> <li>• P1. Exercise plans</li> <li>• P2. Exercise implementation and coordination</li> <li>• P3. Evaluation and improvement plans</li> </ul>
Healthcare System Recovery
N/A

# San Joaquin Operational Area Healthcare Coalition

## Emergency Operations Coordination

### Function 1: Healthcare organization multi-agency representation and coordination with emergency operations

- P1. Healthcare organization multi-agency coordination during response
- P2. Healthcare organization and emergency operations decision coordination

### Function 2: Assess and notify stakeholders of healthcare delivery status

- P1. Healthcare organization resource needs assessment
- P2. Incident information sharing

### Function 3: Support healthcare response efforts through coordination of resources

- P1. Identify available healthcare resources
- P2. Resource management implementation
- P3. Public health resource support to healthcare organizations
- P4. Managing and resupplying resource caches
- E1. Inventory management system

## Fatality Management

### Function 1: Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations

- P2. Healthcare organization human remain surge plans

### Function 3: Mental/behavioral support at the healthcare organization level

- P1. Mental/behavioral health support

## Information Sharing

### Function 1: Provide healthcare situational awareness that contributes to the incident common operating picture

- P1. Healthcare information sharing plans
- P2. Healthcare essential elements of information
- E1. Healthcare information systems
- P5. Bed tracking
- E2. Bed tracking system

### Function 2: Develop, refine, and sustain redundant, interoperable communication systems

- P1. Interoperable communications plans
- E1. Interoperable communication system

## Medical Surge

### Function 1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge

- P1. Healthcare Coalition preparedness activities
- P2. Multi-agency coordination during response

### Function 2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations

- P1. Healthcare organization coordination with EMS during response

## Responder Safety and Health

N/A

## Volunteer Management

N/A



# San Joaquin Operational Area Healthcare Coalition

## Healthcare Coalition Matrix: Member Roles and Responsibilities

<b>Priority Hazard 1,2, or 3 based on Local Public Health and Medical Risk Assessment</b>	<p><b>Priority 3: Bay Area Earthquake</b></p> <p>A magnitude 7.0 earthquake occurs on the Hayward fault line centered in the Hayward/San Leandro Area, directly impacting much of the densely populated western Alameda County and the City &amp; County of San Francisco, causing violent ground shaking for approximately one minute. (Alameda County Population = 1.6 million persons) There is 2 to 3 feet of movement along the 30 mile length of the Hayward fault. Healthcare, transportation, water supply, utility and sewage infrastructure facilities and systems are severely impacted.</p> <p>Five major hospitals with a combined 1,500 beds, of which 100 are ICU level beds, are partially damaged, reducing bed availability by 50%. Other Bay Area hospitals are at 95% occupancy. Mutual Aid from neighboring regions is activated, and San Joaquin County healthcare facilities activate their care surge plans in order to accommodate an influx of patients from the Bay Area.</p> <p>A Field Treatment Site (FTS) is activated at the Stockton Metropolitan Airport to receive, triage and distribute patients from the Bay Area arriving by Medivac aircraft.</p>
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ASSUMPTIONS	
<b>Human Impact (Injured, Illness, etc.)</b>	The earthquake results in approximately 1,800 deaths in Bay Area counties; 750 people with severe injuries require rapid advanced medical care to survive. In addition, approximately 50,000 people have injuries that need emergency room care.
<b>Healthcare Delivery System Impact (immediate impact on medical system)</b>	Medical surge. San Joaquin County healthcare facilities receive approximately 500 patients, EMS transported and self-presenting, from the earthquake within the first 72 to 96 hours.
<b>Impact on Community Infrastructure</b>	Transportation routes between the Central Valley and the Bay Area negatively impact the delivery of products from Bay Area vendors. Minor damage reported in San Joaquin County, particularly those buildings constructed of unreinforced masonry. Approximately 25,000 Bay Area evacuees are relocated to San Joaquin County, causing an increase in service demands.
<b>Impact on Healthcare Workforce</b>	The medical surge stresses the workforce. Employees who live in the Bay Area are unable to commute to work due to transportation infrastructure damage; or are injured; or are staying home to provide care for family members.

### Description of Capability Needs Based on Hazard Identified

<b>Healthcare System Preparedness</b>
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# San Joaquin Operational Area Healthcare Coalition

## **Function 2: Coordinate healthcare planning to prepare the healthcare system for a disaster**

- P1. Healthcare system situational assessments
- P2. Healthcare System disaster planning

## **Function 3: Identify and prioritize essential healthcare assets and services**

- E1. Equipment to assist healthcare organizations with the provision of critical services

## **Function 5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond**

- P1. Healthcare organization — National Incident Management System (NIMS) training
- S1. Training to address healthcare gaps and corrective actions

## **Function 6: Improve healthcare response capabilities through coordinated exercise and evaluation**

- P1. Exercise plans
- P2. Exercise implementation and coordination
- P3. Evaluation and improvement plans

### **Healthcare System Recovery**

## **Function 2: Assist healthcare organizations to implement Continuity of Operations (COOP)**

- P2. Healthcare organization COOP implementation assistance — Continuity staffing plan (Human capital)

### **Emergency Operations Coordination**

## **Function 1: Healthcare organization multi-agency representation and coordination with emergency operations**

- P1. Healthcare organization multi-agency coordination during response
- P2. Healthcare organization and emergency operations decision coordination

## **Function 2: Assess and notify stakeholders of healthcare delivery status**

- P1. Healthcare organization resource needs assessment
- P2. Incident information sharing

## **Function 3: Support healthcare response efforts through coordination of resources**

- P1. Identify available healthcare resources
- P2. Resource management implementation
- P3. Public health resource support to healthcare organizations
- P4. Managing and resupplying resource caches
- E1. Inventory management system

### **Fatality Management**

## **Function 1: Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations**

- P2. Healthcare organization human remain surge plans

## **Function 3: Mental/behavioral support at the healthcare organization level**

- P1. Mental/behavioral health support

### **Information Sharing**

# San Joaquin Operational Area Healthcare Coalition

## **Function 1: Provide healthcare situational awareness that contributes to the incident common operating picture**

- P1. Healthcare information sharing plans
- P2. Healthcare essential elements of information
- E1. Healthcare information systems
- P4. Healthcare information sharing with the public
- P5. Bed tracking
- E2. Bed tracking system
- P6. Patient tracking

## **Function 2: Develop, refine, and sustain redundant, interoperable communication systems**

- P1. Interoperable communications plans
- E1. Interoperable communication system

## **Medical Surge**

### **Function 1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge**

- P1. Healthcare Coalition preparedness activities
- P2. Multi-agency coordination during response

### **Function 2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations**

- P1. Healthcare organization coordination with EMS during response

### **Function 3: Assist healthcare organizations with surge capacity and capability**

- P1. Medical surge planning
- P2. Medical surge emergency operations coordination
- P3. Assist healthcare organizations maximize surge capacity
- P4. Assist healthcare organizations maximize surge capability
- P5. Medical surge information sharing
- P6. Healthcare organization patient transport assistance
- E2. Mobile Medical Assets
- P10. Mental/Behavioral health support

## **Responder Safety and Health**

N/A

## **Volunteer Management**

### **Function 1: Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations**

- P2. Collect, assemble, maintain, and utilize volunteer information
- E1. Electronic volunteer registration system

### **Function 2: Volunteer notification for healthcare response needs**

- P1. Process to contact registered volunteers
- P2. Process to confirm credentials of responding volunteers
- P3. Volunteer request process

### **Function 3: Organization and assignment of volunteers**

- P1. Volunteer deployment protocols

**San Joaquin Operational Area Healthcare Coalition Member  
ROLES AND RESPONSIBILITIES**

**Healthcare Coalition Member/Organizational Type**

<b>Type 1: Ambulance Providers</b>	<b>Role</b>	<b>Primary or Supportive Role</b>	<b>Current Status/Gap in Ability to Meet Role</b>	<b>Mitigation Strategies</b>
Healthcare System Preparedness	<ul style="list-style-type: none"> <li>Develop, maintain, and implement medical surge plan</li> <li>Maintain system status of resources</li> <li>Provide personnel with appropriate initial and refresher training</li> </ul>	Primary	None	N/A
Healthcare System Recovery	<ul style="list-style-type: none"> <li>Provide critical services – patient care</li> <li>Develop, maintain, and implement a Continuity of Operations Plan (COOP)</li> </ul>	Primary	Most providers do not have a formal Continuity of Operations Plan (COOP), although they have many elements of a COOP in-place.	Develop a formal Continuity of Operations Plan (COOP)
Emergency Operations Coordination	<ul style="list-style-type: none"> <li>Participate, as needed, in the San Joaquin Operational Area Medical Health Multi Agency Coordination (Med MAC) Group meetings.</li> </ul>	Supportive	None	N/A
Information Sharing	<ul style="list-style-type: none"> <li>Maintain situational awareness</li> <li>Share information with the MHOAC</li> </ul>	Primary	None	N/A
Fatality Management	<ul style="list-style-type: none"> <li>Follow EMS Policy 5103, "Determination of Death in the Field"</li> <li>Follow Region IV MCI Plan, Manual 1, "Field Operations"</li> </ul>	Supportive	None	N/A
Medical Surge	<ul style="list-style-type: none"> <li>Activate medical surge plan</li> <li>Provide patient care</li> <li>Staff a Field Treatment Site (FTS) as needed</li> </ul>	Primary Supportive for FTS	None	N/A
Responder Safety and Health	<ul style="list-style-type: none"> <li>Provide personnel with appropriate Personal Protective Equipment (PPE)</li> <li>Provide personnel with PPE training</li> </ul>	Primary	None	N/A
Volunteer Management	<ul style="list-style-type: none"> <li>Request Disaster Healthcare Volunteers, for clearly define medical missions, using the DHV Mission Request Form.</li> <li>Integrate volunteers in to the Incident Command System (ICS) by providing the following:               <ol style="list-style-type: none"> <li>Incident briefing</li> <li>Work assignment</li> <li>Supervision</li> <li>Appropriate work materials and PPE</li> <li>Incident debriefing and demobilization</li> </ol> </li> </ul>	Supportive	None	N/A
<b>Type 2: Behavioral Health Centers</b>	<b>Role</b>	<b>Primary or Supportive Role</b>	<b>Current Status/Gap in Ability to Meet Role</b>	<b>Mitigation Strategies</b>
Healthcare System Preparedness	<ul style="list-style-type: none"> <li>Develop, maintain, and implement an emergency operations plan, including medical surge</li> <li>Participate in Healthcare Coalition emergency planning activities</li> <li>Provide personnel with appropriate initial and refresher training</li> <li>Participant in Healthcare Coalition exercises</li> </ul>	Primary	None	N/A
Healthcare System Recovery	<ul style="list-style-type: none"> <li>Develop, maintain, and implement a Continuity of Operations Plan (COOP)</li> </ul>	Primary	Not all facilities have a complete COOP	Develop a formal Continuity of Operations Plan (COOP)
Emergency Operations Coordination	<ul style="list-style-type: none"> <li>Participate, as needed, in the San Joaquin Operational Area Medical Health Multi Agency Coordination (Med MAC) Group meetings.</li> </ul>	Supportive	None	N/A
Information Sharing	Share information with the MHOAC in accordance with Section IV of the Healthcare Coalition Governance	Supportive	None	N/A
Fatality Management	Provide mental/behavioral health support, as needed	Supportive	None	N/A
Medical Surge	<ul style="list-style-type: none"> <li>Develop, implement and maintain surge plan</li> <li>Provide patient care</li> </ul>	Primary	None	N/A

**San Joaquin Operational Area Healthcare Coalition Member  
ROLES AND RESPONSIBILITIES**

Responder Safety and Health	Develop, implement, and maintain an employee Injury and Illness Prevention Plan (IIPP), including the provision and training in the use of PPE.	Primary	None	N/A
Volunteer Management	<ul style="list-style-type: none"> <li>• Request Disaster Healthcare Volunteers, for clearly define medical missions, using the DHV Mission Request Form.</li> <li>• Integrate volunteers in to the Incident Command System (ICS) by providing the following:               <ol style="list-style-type: none"> <li>1. Incident briefing</li> <li>2. Work assignment</li> <li>3. Supervision</li> <li>4. Appropriate work materials and PPE</li> <li>5. Incident debriefing and demobilization</li> </ol> </li> </ul>	Supportive	None	N/A
<b>Type 3: Community Clinics</b>	<b>Role</b>	<b>Primary or Supportive Role</b>	<b>Gap in Ability to Meet Role/Current Status</b>	<b>Mitigation Strategies</b>
Healthcare System Preparedness	<ul style="list-style-type: none"> <li>• Develop, maintain, and implement an emergency operations plan, including medical surge</li> <li>• Participate in Healthcare Coalition emergency planning activities</li> <li>• Provide personnel with appropriate initial and refresher training</li> <li>• Participant in Healthcare Coalition exercises</li> </ul>	Primary	None	N/A
Healthcare System Recovery	<ul style="list-style-type: none"> <li>• Develop, maintain, and implement a Continuity of Operations Plan (COOP)</li> </ul>	Primary	Not all facilities have a complete COOP	Develop a formal Continuity of Operations Plan (COOP)
Emergency Operations Coordination	<ul style="list-style-type: none"> <li>• Participate, as needed, in the San Joaquin Operational Area Medical Health Multi Agency Coordination (Med MAC) Group meetings.</li> </ul>	Supportive	None	N/A
Information Sharing	Develop, implement, and maintain an employee Injury and Illness Prevention Plan (IIPP), including the provision and training in the use of PPE.	Supportive	None	N/A
Fatality Management	None	None	None	N/A
Medical Surge	<ul style="list-style-type: none"> <li>• Develop, implement and maintain surge plan</li> <li>• Provide patient care</li> </ul>	Primary	None	N/A
Responder Safety and Health	Develop, implement, and maintain an employee Injury and Illness Prevention Plan (IIPP), including the provision and training in the use of PPE.	Primary	None	N/A
Volunteer Management	<ul style="list-style-type: none"> <li>• Request Disaster Healthcare Volunteers, for clearly define medical missions, using the DHV Mission Request Form.</li> <li>• Integrate volunteers in to the Incident Command System (ICS) by providing the following:               <ol style="list-style-type: none"> <li>1. Incident briefing</li> <li>2. Work assignment</li> <li>3. Supervision</li> <li>4. Appropriate work materials and PPE</li> <li>5. Incident debriefing and demobilization</li> </ol> </li> </ul>	Supportive	None	N/A
<b>Type 4: Dialysis Centers</b>	<b>Role</b>	<b>Primary or Supportive Role</b>	<b>Current Status/Gap in Ability to Meet Role</b>	<b>Mitigation Strategies</b>
Healthcare System Preparedness	<ul style="list-style-type: none"> <li>• Develop, maintain, and implement an emergency operations plan, including medical surge</li> <li>• Participate in Healthcare Coalition emergency planning activities</li> <li>• Provide personnel with appropriate initial and refresher training</li> <li>• Participant in Healthcare Coalition exercises</li> </ul>	Primary	No dialysis centers are actively participating in the Healthcare Coalition Emergency Preparedness Committee (EPC).	Commit personnel time to actively participate in the EPC.

**San Joaquin Operational Area Healthcare Coalition Member  
ROLES AND RESPONSIBILITIES**

Healthcare System Recovery	• Develop, maintain, and implement a Continuity of Operations Plan (COOP)	Primary	Not all facilities have a complete COOP	Develop a formal Continuity of Operations Plan (COOP)
Emergency Operations Coordination	• Participate, as needed, in the San Joaquin Operational Area Medical Health Multi Agency Coordination (Med MAC) Group meetings.	Supportive	No dialysis centers are members of the Med MAC Group.	Add dialysis centers, as needed, to the Med MAC
Information Sharing	Share information with the MHOAC in accordance with Section IV of the Healthcare Coalition Governance	Primary	No dialysis centers have requested user names and password to the Healthcare Facility Status Reporting System	Request access to the Healthcare Facility Status Reporting System
Fatality Management	None	None	None	N/A
Medical Surge	• Develop, implement and maintain surge plan • Provide patient care	Primary	Unknown if surge plans have been developed	Develop, implement and maintain surge plan, if they haven't already been completed.
Responder Safety and Health	Develop, implement, and maintain an employee Injury and Illness Prevention Plan (IIPP), including the provision and training in the use of PPE.	Primary	None	N/A
Volunteer Management	• Request Disaster Healthcare Volunteers, for clearly define medical missions, using the DHV Mission Request Form. • Integrate volunteers in to the Incident Command System (ICS) by providing the following: 1. Incident briefing 2. Work assignment 3. Supervision 4. Appropriate work materials and PPE 5. Incident debriefing and demobilization	Supportive	None	N/A

**San Joaquin Operational Area Healthcare Coalition Member  
ROLES AND RESPONSIBILITIES**

<b>Type 5: Home Health Agencies</b>	<b>Role</b>	<b>Primary or Supportive Role</b>	<b>Current Status/Gap in Ability to Meet Role</b>	<b>Mitigation Strategies</b>
Healthcare System Preparedness	<ul style="list-style-type: none"> <li>Develop, maintain, and implement an emergency operations plan, including medical surge</li> <li>Participate in Healthcare Coalition emergency planning activities</li> <li>Provide personnel with appropriate initial and refresher training</li> <li>Participant in Healthcare Coalition exercises</li> </ul>	Primary	Not all home health agencies are members of the Healthcare Coalition Emergency Preparedness Committee (EPC)	Join and actively participate in the EPC
Healthcare System Recovery	<ul style="list-style-type: none"> <li>Develop, maintain, and implement a Continuity of Operations Plan (COOP)</li> </ul>	Primary	Not all facilities have a complete COOP	Develop a formal Continuity of Operations Plan (COOP)
Emergency Operations Coordination	<ul style="list-style-type: none"> <li>Participate, as needed, in the San Joaquin Operational Area Medical Health Multi Agency Coordination (Med MAC) Group meetings.</li> </ul>	Supportive	Not all home health agencies are represented in the Med MAC Group	Add home health agencies, as needed, to the Med MAC
Information Sharing	Share information with the MHOAC in accordance with Section IV of the Healthcare Coalition Governance	Supportive	Not all home health agencies have access to the Healthcare Facility Status Reporting System	Request access to the Healthcare Facility Status Reporting System
Fatality Management	Report the death of a home health patient to the Coroner	Supportive	None	N/A
Medical Surge	<ul style="list-style-type: none"> <li>Develop, implement and maintain surge plan</li> <li>Provide patient care</li> </ul>	Primary	None	N/A
Responder Safety and Health	Develop, implement, and maintain an employee Injury and Illness Prevention Plan (IIPP), including the provision and training in the use of PPE.	Primary	None	N/A
Volunteer Management	<ul style="list-style-type: none"> <li>Request Disaster Healthcare Volunteers, for clearly define medical missions, using the DHV Mission Request Form.</li> <li>Integrate volunteers in to the Incident Command System (ICS) by providing the following:               <ol style="list-style-type: none"> <li>Incident briefing</li> <li>Work assignment</li> <li>Supervision</li> <li>Appropriate work materials and PPE</li> <li>Incident debriefing and demobilization</li> </ol> </li> </ul>	Supportive	None	N/A
<b>Type 6: Hospitals</b>	<b>Role</b>	<b>Primary or Supportive Role</b>	<b>Current Status/Gap in Ability to Meet Role</b>	<b>Mitigation Strategies</b>
Healthcare System Preparedness	<ul style="list-style-type: none"> <li>Develop, maintain, and implement an emergency operations plan, including medical surge</li> <li>Participate in Healthcare Coalition emergency planning activities</li> <li>Provide personnel with appropriate initial and refresher training</li> <li>Participant in Healthcare Coalition exercises</li> </ul>	Primary	None	N/A
Healthcare System Recovery	<ul style="list-style-type: none"> <li>Develop, maintain, and implement a Continuity of Operations Plan (COOP)</li> </ul>	Primary	Not all facilities have a complete COOP	Develop a formal Continuity of Operations Plan (COOP)
Emergency Operations Coordination	<ul style="list-style-type: none"> <li>Participate, as needed, in the San Joaquin Operational Area Medical Health Multi Agency Coordination (Med MAC) Group meetings.</li> </ul>	Supportive	None	N/A
Information Sharing	Share information with the MHOAC in accordance with Section IV of the Healthcare Coalition Governance	Supportive	None	N/A
Fatality Management	Develop, implement and maintain fatality management plans	Primary	None	N/A

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Medical Surge	<ul style="list-style-type: none"> <li>• Develop, implement and maintain internal surge plan.</li> <li>• Provide patient care</li> <li>• Submit annual San Joaquin Operational Area Surge Strategy surge capacity and portable medical bed surveys.</li> </ul>	Primary	None	N/A
Responder Safety and Health	Develop, implement, and maintain an employee Injury and Illness Prevention Plan (IIPP), including the provision and training in the use of PPE.	Primary	None	N/A
Volunteer Management	<ul style="list-style-type: none"> <li>• Request Disaster Healthcare Volunteers, for clearly define medical missions, using the DHV Mission Request Form.</li> <li>• Integrate volunteers in to the Incident Command System (ICS) by providing the following:               <ol style="list-style-type: none"> <li>1. Incident briefing</li> <li>2. Work assignment</li> <li>3. Supervision</li> <li>4. Appropriate work materials and PPE</li> <li>5. Incident debriefing and demobilization</li> </ol> </li> </ul>	Supportive	None	N/A
<b>Type 7: Long Term Care Facilities</b>	<b>Role</b>	<b>Primary or Supportive Role</b>	<b>Gap in Ability to Meet Role/Current Status</b>	<b>Strengths/Mitigation Strategies</b>
Healthcare System Preparedness	<ul style="list-style-type: none"> <li>• Develop, maintain, and implement an emergency operations plan, including medical surge</li> <li>• Participate in Healthcare Coalition emergency planning activities</li> <li>• Provide personnel with appropriate initial and refresher training</li> <li>• Participant in Healthcare Coalition exercises</li> </ul>	Primary	Not all long term care facilities are members of the Healthcare Coalition Emergency Preparedness Committee (EPC)	Join and actively participate in the EPC
Healthcare System Recovery	• Develop, maintain, and implement a Continuity of Operations Plan (COOP)	Primary	Not all facilities have a complete COOP	Develop a formal Continuity of Operations Plan (COOP)
Emergency Operations Coordination	• Participate, as needed, in the San Joaquin Operational Area Medical Health Multi Agency Coordination (Med MAC) Group meetings.	Supportive	Not all long term care facilities are represented in the Med MAC Group	Add long term care, as needed, to the Med MAC
Information Sharing	Share information with the MHOAC in accordance with Section IV of the Healthcare Coalition Governance	Supportive	Not all long term care facilities have access to the Healthcare Facility Status Reporting System	Request access to the Healthcare Facility Status Reporting System
Fatality Management	Develop, implement and maintain fatality management plan	Primary	None	N/A
Medical Surge	<ul style="list-style-type: none"> <li>• Develop, implement and maintain surge plan</li> <li>• Provide patient care</li> </ul>	Primary	None	N/A
Responder Safety and Health	Develop, implement, and maintain an employee Injury and Illness Prevention Plan (IIPP), including the provision and training in the use of PPE.	Primary	None	N/A
Volunteer Management	<ul style="list-style-type: none"> <li>• Request Disaster Healthcare Volunteers, for clearly define medical missions, using the DHV Mission Request Form.</li> <li>• Integrate volunteers in to the Incident Command System (ICS) by providing the following:               <ol style="list-style-type: none"> <li>1. Incident briefing</li> <li>2. Work assignment</li> <li>3. Supervision</li> <li>4. Appropriate work materials and PPE</li> <li>5. Incident debriefing and demobilization</li> </ol> </li> </ul>	Supportive	None	N/A
<b>Type 8: SJC Behavioral Health Services</b>	<b>Role</b>	<b>Primary or Supportive Role</b>	<b>Current Status/Gap in Ability to Meet Role</b>	<b>Mitigation Strategies</b>



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Healthcare System Preparedness	<ul style="list-style-type: none"> <li>• Develop, maintain, and implement an emergency operations plan, including medical surge</li> <li>• Participate in Healthcare Coalition emergency planning activities</li> <li>• Provide personnel with appropriate initial and refresher training</li> <li>• Participant in Healthcare Coalition exercises</li> </ul>	Primary	None	N/A
Healthcare System Recovery	<ul style="list-style-type: none"> <li>• Develop, maintain, and implement a Continuity of Operations Plan (COOP)</li> </ul>	Primary	Agency doesn't have a complete COOP	Develop a formal Continuity of Operations Plan (COOP)
Emergency Operations Coordination	<ul style="list-style-type: none"> <li>• Participate, as needed, in the San Joaquin Operational Area Medical Health Multi Agency Coordination (Med MAC) Group meetings.</li> </ul>	Supportive	None	N/A
Information Sharing	Share information with the MHOAC in accordance with Section IV of the Healthcare Coalition Governance	Supportive	None	N/A
Fatality Management	Provide mental/behavioral health support, as needed	Supportive	None	N/A
Medical Surge	<ul style="list-style-type: none"> <li>• Develop, implement and maintain surge plan</li> <li>• Provide patient care</li> </ul>	Primary	None	N/A
Responder Safety and Health	Develop, implement, and maintain an employee Injury and Illness Prevention Plan (IIPP), including the provision and training in the use of PPE.	Primary	None	N/A
Volunteer Management	<ul style="list-style-type: none"> <li>• Request Disaster Healthcare Volunteers, for clearly define medical missions, using the DHV Mission Request Form.</li> <li>• Integrate volunteers in to the Incident Command System (ICS) by providing the following:               <ol style="list-style-type: none"> <li>1. Incident briefing</li> <li>2. Work assignment</li> <li>3. Supervision</li> <li>4. Appropriate work materials and PPE</li> <li>5. Incident debriefing and demobilization</li> </ol> </li> </ul>	Supportive	None	N/A
<b>Type 9: SJC EMS Agency/MHOAC</b>	<b>Role</b>	<b>Primary or Supportive Role</b>	<b>Current Status/Gap in Ability to Meet Role</b>	<b>Mitigation Strategies</b>

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Healthcare System Preparedness	<ul style="list-style-type: none"> <li>• Develop, maintain, and implement an emergency operations plan, including medical surge strategy</li> <li>• Facilitate Healthcare Coalition emergency planning activities</li> <li>• Provide personnel with appropriate initial and refresher training</li> <li>• Chair the San Joaquin Operational Area Med MAC Group</li> <li>• Chair the San Joaquin Operational Area Emergency Preparedness Committee (EPC)</li> <li>• Serve as the Lead Planner for in Healthcare Coalition exercises</li> <li>• Serve as the HPP Coordinator</li> <li>• Serve as the LEMSA Coordinator</li> <li>• Serve as the County DHV Administrator</li> <li>• Serve as a County HAN Coordinator</li> <li>• Serve as the County WebEOC Administrator</li> <li>• Serve as the County and Region IV EMS System Administrator</li> <li>• Serve as the San Joaquin County MHOAC – Coordinate Medical and Health Mutual Aid</li> <li>• Serve as the Region IV RDMHC</li> <li>• Serve as the Region IV RDMHS</li> <li>• Oversee and regulate pre-hospital care and medical transport</li> <li>• Oversee and regulate the county trauma system</li> <li>• Conduct HAVBED polls for San Joaquin County and Region IV</li> </ul>	Primary	None	N/A
Healthcare System Recovery	<ul style="list-style-type: none"> <li>• Develop, maintain, and implement a Continuity of Operations Plan (COOP)</li> </ul>	Primary	Agency doesn't have a completed COOP	Complete a formal Continuity of Operations Plan (COOP)
Emergency Operations Coordination	<ul style="list-style-type: none"> <li>• Activate the San Joaquin Operational Area Medical Health Multi Agency Coordination (Med MAC) plan as needed</li> <li>• Facilitate Med MAC Group meetings.</li> <li>• Activate and staff the OA EOC Medical Health Branch, as needed</li> <li>• Maintain situational awareness of the OA medical and health system</li> <li>• Collect, analyze, and disseminate medical / health incident information with all appropriate parties</li> <li>• Coordinate and process medical health mutual aid requests within the OA and Region IV</li> </ul>	Primary	None	N/A
Information Sharing	<ul style="list-style-type: none"> <li>• Share information in accordance with Section IV of the Healthcare Coalition Governance</li> <li>• Maintain situational awareness of the OA healthcare delivery system</li> <li>• Collect, analyze, and disseminate incident information with all appropriate parties</li> </ul>	Primary	None	N/A
Fatality Management	Assist as needed with the implementation of the Operational Area Fatality Management Plan	Supportive	None	N/A
Medical Surge	<ul style="list-style-type: none"> <li>• Annually update and activate the Operational Area Medical Surge Strategy as needed</li> <li>• Coordinate the distribution of patients in accordance with the Region IV MCI Plan</li> </ul>	Primary	None	N/A

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Responder Safety and Health	<ul style="list-style-type: none"> <li>Maintain and coordinate the distribution of the Healthcare Coalition PPE Cache, including N-95 Masks, gloves and gowns.</li> <li>Develop, implement, and maintain an employee Injury and Illness Prevention Plan (IIPP), including the provision and training in the use of PPE.</li> </ul>	Primary	None	N/A
Volunteer Management	<ul style="list-style-type: none"> <li>Serve as the County DHV Administrator</li> <li>Recruit, register, and accept volunteers</li> <li>Develop and maintain DHV mission request and assignment procedures and guidance</li> <li>Notify, select, assign, track and demobilize volunteers</li> <li>Participate in required Statewide DHV exercises and conference call/webinars</li> </ul>	Primary	None	N/A
<b>Type 10: SJC Public Health Services</b>	<b>Role</b>	<b>Primary or Supportive Role</b>	<b>Current Status/Gap in Ability to Meet Role</b>	<b>Mitigation Strategies</b>
Healthcare System Preparedness	<ul style="list-style-type: none"> <li>Develop, maintain, and implement an emergency operations plan</li> <li>Participate in Healthcare Coalition emergency planning activities</li> <li>Provide personnel with appropriate initial and refresher training</li> <li>Participant in Healthcare Coalition exercises</li> </ul>	Primary	None	N/A
Healthcare System Recovery	<ul style="list-style-type: none"> <li>Develop, maintain, and implement a Continuity of Operations Plan (COOP)</li> </ul>	Primary	None	N/A
Emergency Operations Coordination	<ul style="list-style-type: none"> <li>Activate the San Joaquin Operational Area Medical Health Multi Agency Coordination (Med MAC) plan as needed</li> <li>Participate in Med MAC Group meetings.</li> <li>Submit San Joaquin County Interagency Situation Reports to the MHOAC as needed</li> </ul>	Primary	None	N/A
Information Sharing	<ul style="list-style-type: none"> <li>Share information in accordance with Section IV of the Healthcare Coalition Governance</li> <li>Provide health related public information</li> </ul>	Supportive  Primary	None	N/A
Fatality Management	Participate in the development, implementation and activation of the Operational Area Fatality Management Plan	Primary	None	N/A
Medical Surge	<ul style="list-style-type: none"> <li>Participate in Med MAC meetings in accordance with the Operational Area Medical Surge Strategy</li> <li>Provide guidance for crisis standards of care, as needed</li> </ul>	Supportive	None	N/A
Responder Safety and Health	<ul style="list-style-type: none"> <li>Assist healthcare organizations with additional pharmaceutical protection for healthcare workers.</li> <li>Implement Medical Countermeasure dispensing, as needed.</li> <li>Develop, implement, and maintain an employee Injury and Illness Prevention Plan (IIPP), including the provision and training in the use of PPE.</li> </ul>	Primary	None	N/A

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Volunteer Management	<ul style="list-style-type: none"> <li>• Request Disaster Healthcare Volunteers, for clearly define medical missions, using the DHV Mission Request Form.</li> <li>• Integrate volunteers in to the Incident Command System (ICS) by providing the following:               <ol style="list-style-type: none"> <li>1. Incident briefing</li> <li>2. Work assignment</li> <li>3. Supervision</li> <li>4. Appropriate work materials and PPE</li> <li>5. Incident debriefing and demobilization</li> </ol> </li> </ul>	Supportive	None	N/A
<b>Type 11: Surgery Centers</b>	<b>Role</b>	<b>Primary or Supportive Role</b>	<b>Current Status/Gap in Ability to Meet Role</b>	<b>Mitigation Strategies</b>
Healthcare System Preparedness	<ul style="list-style-type: none"> <li>• Develop, maintain, and implement an emergency operations plan, including medical surge</li> <li>• Participate in Healthcare Coalition emergency planning activities</li> <li>• Provide personnel with appropriate initial and refresher training</li> <li>• Participant in Healthcare Coalition exercises</li> </ul>	Primary	Not all surgery centers actively participate in the OA Emergency Preparedness Committee (EPC)	Join and actively participate in the EPC
Healthcare System Recovery	<ul style="list-style-type: none"> <li>• Develop, maintain, and implement a Continuity of Operations Plan (COOP)</li> </ul>	Primary	Not all facilities have a complete COOP	Complete a formal Continuity of Operations Plan (COOP)
Emergency Operations Coordination	<ul style="list-style-type: none"> <li>• Participate, as needed, in the San Joaquin Operational Area Medical Health Multi Agency Coordination (Med MAC) Group meetings.</li> </ul>	Supportive	None	N/A
Information Sharing	Share information with the MHOAC in accordance with Section IV of the Healthcare Coalition Governance	Supportive	Not all surgery centers have access to the Health Facility Status Reporting System.	Request access to the Healthcare Facility Status Reporting System
Fatality Management	None	None	None	N/A
Medical Surge	<ul style="list-style-type: none"> <li>• Develop, implement and maintain surge plan</li> <li>• Provide patient care</li> </ul>	Primary	None	N/A
Responder Safety and Health	Develop, implement, and maintain an employee Injury and Illness Prevention Plan (IIPP), including the provision and training in the use of PPE.	Primary	None	N/A
Volunteer Management	<ul style="list-style-type: none"> <li>• Request Disaster Healthcare Volunteers, for clearly define medical missions, using the DHV Mission Request Form.</li> <li>• Integrate volunteers in to the Incident Command System (ICS) by providing the following:               <ol style="list-style-type: none"> <li>1. Incident briefing</li> <li>2. Work assignment</li> <li>3. Supervision</li> <li>4. Appropriate work materials and PPE</li> <li>5. Incident debriefing and demobilization</li> </ol> </li> </ul>	Supportive	None	N/A

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**Appendix N – Glossary of Terms**

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## San Joaquin Operational Area Healthcare Coalition Governance

**Assisting Agency:** An agency or organization providing personnel, services, or other resources to the agency with direct responsibility for incident management.

**Available Resource:** Resource assigned to an incident, checked in, and available for a mission assignment, normally located in a Staging Area.

**Common Operating Picture:** An overview of an incident by all relevant parties that provides incident information enabling the Incident Commander/Unified Command and any supporting agencies and organizations to make effective, consistent, and timely decisions.

**Continuity of Operations:** An effort within individual organizations to ensure that Primary Mission Essential Functions continue to be performed during a wide range of emergencies.

**Cooperating Agency:** An agency supplying assistance other than direct operational or support functions or resources to the incident management effort.

**Coordinate:** To advance an analysis and exchange of information systematically among principals who have or may have a need to know certain information to carry out specific incident management responsibilities.

**Critical Infrastructure:** Assets, systems, and networks, whether physical or virtual, so vital to the United States that the incapacitation or destruction of such assets, systems, or networks would have a debilitating impact on security, national economic security, national public health or safety, or any combination of those matters.

**Department Operations Center (DOC):** An Emergency Operations Center (EOC) specific to a single department or agency. The focus of a DOC is on internal agency incident management and response. DOCs are often linked to and, in most cases, are physically represented in a combined agency EOC by authorized agent(s) for the department or agency.

**Disaster Healthcare Volunteers (DHV):** A State program to pre-register, verify licensure and credentials, manage, notify, and mobilize volunteer healthcare professionals to help in responding to all types of disasters. DHV registrants represent numerous professional license types including physicians, nurses, paramedics, pharmacists, dentists, mental health practitioners, and a range of clinical technicians. The DHV Program connects electronically to the various professional boards to verify current licensure /certification status.

The San Joaquin County EMS Agency administers the DHV program in San Joaquin County <http://www.sigov.org/ems/emergencyPreparedness.htm>

**Emergency:** Any incident, whether natural or manmade, that requires responsive action to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency



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Assistance Act, an emergency means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

**Emergency Operations Center (EOC):** The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, medical services), by jurisdiction (e.g., Federal, State, regional, tribal, city, county), or by some combination thereof.

**Emergency Operations Plan:** An ongoing plan for responding to a wide variety of potential hazards.

**Healthcare Coalition:** A collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multi-agency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations. The primary function of the Healthcare Coalition includes sub-state regional, healthcare system emergency preparedness activities involving the member organizations. This includes planning, organizing and equipping, training, exercises and evaluation. During response, Healthcare Coalitions should represent healthcare organizations by providing multi-agency coordination in order to provide advice on decisions made by incident management regarding information and resource coordination for healthcare organizations. This includes either a response role as part of a multi-agency coordination group to assist incident management (area command/unified command) with decisions, or through coordinated plans to guide decisions regarding healthcare organization support.

**Healthcare Organization:** The component(s) of a community's healthcare delivery system to primarily include hospitals, Emergency Medical Services (EMS), primary care, long term care, mental/behavioral health systems, specialty services (dialysis, pediatrics, stand-alone surgery, urgent care, etc.), support services (laboratories, pharmacies, blood banks, poison control, etc.), private entities associated with healthcare delivery (Hospital associations, regulatory boards, etc.)

### **Healthcare Preparedness Capabilities:**

- **Healthcare System Preparedness:** 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 emergency management, public health, mental/behavioral health providers, community and faith-based partners, state, local, and territorial governments to do the following:

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- Provide and sustain a tiered, scalable, and flexible approach to attain needed disaster response and recovery capabilities while not jeopardizing services to individuals in the community
  - Provide timely monitoring and management of resources
  - Coordinate the allocation of emergency medical care resources
  - Provide timely and relevant information on the status of the incident and healthcare system to key stakeholders
  - Healthcare system preparedness is achieved through a continuous cycle of planning, organizing and equipping, training, exercises, evaluations and corrective actions.
- **Healthcare System Recovery:** Involves the collaboration with Emergency Management and other community partners, (e.g., public health, business, and education) to develop efficient processes and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels and improved levels where possible. The focus is an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community.
  - **Emergency Operations Coordination:** Regarding healthcare is the ability for healthcare organizations to engage with incident management at the Emergency Operations Center or with on-scene incident management during an incident to coordinate information and resource allocation for affected healthcare organizations. This is done through multi-agency coordination representing healthcare organizations or by integrating this coordination into plans and protocols that guide incident management to make the appropriate decisions. Coordination ensures that the healthcare organizations, incident management, and the public have relevant and timely information about the status and needs of the healthcare delivery system in the community. This enables healthcare organizations to coordinate their response with that of the community response and according to the framework of the National Incident Management System (NIMS).
  - **Fatality Management:** The ability to coordinate with organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services for family members, responders, and survivors of an incident. Coordination also includes the proper and culturally sensitive storage of human remains during periods of increased deaths at healthcare organizations during an incident.
  - **Information Sharing:** The ability to conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational

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awareness between the healthcare system and local, state, Federal, tribal, and territorial levels of government and the private sector. This includes the sharing of healthcare information through routine coordination with the Joint Information System for dissemination to the local, state, and Federal levels of government and the community in preparation for and response to events or incidents of public health and medical significance.

- **Medical Surge:** The ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.
- **Responder Safety and Health:** The ability of healthcare organizations to protect the safety and health of healthcare workers from a variety of hazards during emergencies and disasters. This includes processes to equip, train, and provide other resources needed to ensure healthcare workers at the highest risk for adverse exposure, illness, and injury are adequately protected from all hazards during response and recovery operations.
- **Volunteer Management:** The ability to coordinate the identification, recruitment, registration, credential verification, training, engagement, and retention of volunteers to support healthcare organizations with the medical preparedness and response to incidents and events.

**Healthcare System:** A Collection of a community's healthcare organizations

**Horizontal Information Sharing:** Share information across disciplines (among public and private agencies and organizations) at all levels and across jurisdictions in a timely and efficient manner

**Incident:** An occurrence, natural or manmade, that requires a response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, civil unrest, wildland and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, tsunamis, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

**Incident Action Plan:** An oral or written plan containing general objectives reflecting the overall strategy for managing an incident. It may include the identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident during one or more operational periods.

**Incident Objectives:** Statements of guidance and direction needed to select appropriate strategy(s) and the tactical direction of resources. Incident objectives are

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based on realistic expectations of what can be accomplished when all allocated resources have been effectively deployed. Incident objectives must be achievable and measurable, yet flexible enough to allow strategic and tactical alternatives.

**Information Management:** The collection, organization, and control over the structure, processing, and delivery of information from one or more sources and distribution to one or more audiences who have a stake in that information.

**Interoperability:** Ability of systems, personnel, and equipment to provide and receive functionality, data, information and/or services to and from other systems, personnel, and equipment, between both public and private agencies, departments, and other organizations, in a manner enabling them to operate effectively together. Allows emergency management/response personnel and their affiliated organizations to communicate within and across agencies and jurisdictions via voice, data, or video-on-demand, in real time, when needed, and when authorized.

**Joint Information Center (JIC):** A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media. Public information officials from all participating agencies should co-locate at the JIC.

**Joint Information System (JIS):** A structure that integrates incident information and public affairs into a cohesive organization designed to provide consistent, coordinated, accurate, accessible, timely, and complete information during crisis or incident operations. The mission of the JIS is to provide a structure and system for developing and delivering coordinated interagency messages; developing, recommending, and executing public information plans and strategies on behalf of the Incident Commander (IC); advising the IC concerning public affairs issues that could affect a response effort; and controlling rumors and inaccurate information that could undermine public confidence in the emergency response effort.

**Medical Health Coordination Center (MHCC):** The co-located Emergency Operations Center for California Department of Public Health (CDPH), California Department of Healthcare Services (DHCS) and California Emergency Medical Services Authority (EMSA). The role of the MHCC includes the following core functions: coordination; communications; resource allocation and tracking; and information collection, analysis and dissemination.

**Medical Health Operational Area Coordinator (MHOAC):** An individual appointed by a county Department of Health Director/Local Health Officer who is responsible in the event of a disaster or major incident where mutual aid is requested, for obtaining and coordinating services and allocation of resources within the Operational Area (county).

**Mitigation:** Activities providing a critical foundation in the effort to reduce the loss of life and property from natural and/or manmade disasters by avoiding or lessening the impact of a disaster and providing value to the public by creating safer communities. Mitigation seeks to fix the cycle of disaster damage, reconstruction, and repeated

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damage. These activities or actions, in most cases, will have a long-term sustained effect.

**National Incident Management System:** A set of principles that provides a systematic, proactive approach guiding government agencies at all levels, nongovernmental organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life or property and harm to the environment.

**Nongovernmental Organization (NGO):** An entity with an association that is based on interests of its members, individuals, or institutions. It is not created by a government, but it may work cooperatively with government. Such organizations serve a public purpose, not a private benefit. Examples of NGOs include faith-based charity organizations and the American Red Cross. NGOs, including voluntary and faith-based groups, provide relief services to sustain life, reduce physical and emotional distress, and promote the recovery of disaster victims. Often these groups provide specialized services that help individuals with disabilities. NGOs and voluntary organizations play a major role in assisting emergency managers before, during, and after an emergency.

**Operational Area:** One of the five organizational levels in California's Standardized Emergency Management System (SEMS). An Operational Area consists of a county, and all political subdivisions within the county area.

**Operational Period:** The time scheduled for executing a given set of operation actions, as specified in the Incident Action Plan. Operational periods can be of various lengths, although usually they last 12 to 24 hours.

**Preparedness:** A continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action in an effort to ensure effective coordination during incident response. Within the *National Incident Management System*, preparedness focuses on the following elements: planning; procedures and protocols; training and exercises; personnel qualification and certification; and equipment certification.

**Prevention:** Actions to avoid an incident or to intervene to stop an incident from occurring. Prevention involves actions to protect lives and property. It involves applying intelligence and other information to a range of activities that may include such countermeasures as deterrence operations; heightened inspections; improved surveillance and security operations; investigations to determine the full nature and source of the threat; public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and, as appropriate, specific law enforcement operations aimed at deterring, preempting, interdicting, or disrupting illegal activity and apprehending potential perpetrators and bringing them to justice.

## San Joaquin Operational Area Healthcare Coalition Governance

**Private Sector:** Organizations and individuals that are not part of any governmental structure. The private sector includes for-profit and not-for-profit organizations, formal and informal structures, commerce, and industry.

**Public Information:** Processes, procedures, and systems for communicating timely, accurate, and accessible information on an incident's cause, size, and current situation; resources committed; and other matters of general interest to the public, responders, and additional stakeholders (both directly affected and indirectly affected).

**Recovery:** The development, coordination, and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private-sector, nongovernmental, and public assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post incident reporting; and development of initiatives to mitigate the effects of future incidents.

**Regional Disaster Medical Health Coordinator (RDMHC):** A volunteer local health officer, EMS agency medical director or EMS agency administrator jointly appointed by the Directors of the California Department of Health Services (DHS) and the Emergency Medical Services Authority (EMSA) based upon the recommendation of the local health officer for a mutual aid region. The role of the RDMHC is to plan for and coordinate medical and health resources within one of California's six mutual aid regions during times of disaster or other major event requiring medical or health mutual aid.

**Regional Disaster Medical Health Specialist (RDMHS):** An individual selected by a local EMS agency, under contract with EMSA, as a staff function to coordinate preparedness activities, and to assist the RDMHC in coordinating services in the event of a disaster or in the event that medical mutual aid of some type is requested

**Resource Management:** A system for identifying available resources at all jurisdictional levels to enable timely, efficient, and unimpeded access to resources needed to prepare for, respond to, or recover from an incident. Resource management under the *National Incident Management System* includes mutual aid agreements and assistance agreements; the use of special Federal, State, tribal, and local teams; and resource mobilization protocols.

**Resource Tracking:** A standardized, integrated process conducted prior to, during, and after an incident by all emergency management/response personnel and their associated organizations.

**Resources:** Personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an Emergency Operations Center.

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**Response:** Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and of mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include applying intelligence and other information to lessen the effects or consequences of an incident; increased security operations; continuing investigations into nature and source of the threat; ongoing public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and specific law enforcement operations aimed at preempting, interdicting, or disrupting illegal activity, and apprehending actual perpetrators and bringing them to justice.

**Situational Awareness:** Is the ability to identify, process, and comprehend the essential information about an incident to inform the decision making process in a continuous and timely cycle and includes the ability to interpret and act upon this information

**Situation Report:** Confirmed or verified information regarding the specific details relating to an incident.

**Tactics:** The deployment and directing of resources on an incident to accomplish the objectives designated by strategy.

**Threat:** Natural or manmade occurrence, individual, entity, or action that has or indicates the potential to harm life, information, operations, the environment, and/or property.

**Unusual Event:** 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:

- The incident significantly impacts or is anticipated to impact public health or safety;
- The incident disrupts or is anticipated to disrupt the Public Health and Medical System;
- Resources are needed or anticipated to be needed beyond the capabilities of the Operational Area, including those resources available through existing agreements (day-to-day agreements, memoranda of understanding, or other emergency assistance agreements);
- The incident produces media attention or is politically sensitive;
- The incident leads to a Regional or State request for information; and/or
- Whenever increased information flow from the Operational Area to the State will assist in the management or mitigation of the incident's impact.

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**Vertical Information Sharing:** Share information vertically (up and down from between the local government and the state) with appropriate agencies in a timely and effective manner