

Health Care and Safety Coalition (HCSC) of Tuolumne-Calaveras Counties

Participation Agreement

Initial Plan: August 2013, approved March 2014

Revision date: 9/7/2021

I. Introduction

Since 2002, states, hospitals, public health and emergency management communities have worked tirelessly to improve the state of medical and public health preparedness. The early program focused on building capacity and emphasized activities such as decontamination, pharmaceutical caches, identifying hospital bed surge capacity and training providers in the diagnosis and management of diseases caused by bioterrorism. In August 2011 a new 5-year Public Health Emergency Preparedness cooperative agreement was initiated with updated standards for local and state public health preparedness. These new standards emphasize the need for a coordinated collaboration between all members of the entire healthcare community. Strong and resilient Healthcare Coalitions are the key to an effective state and local response to an event-driven medical surge. This reason led to further development of the Tuolumne-Calaveras Health Care and Safety Coalition (HCSC) in which both counties maintain independent coalitions that cooperate as needed.

II. Mission

- A. The **mission of the HCSC** is to develop a dynamic public-private partnership that promotes an effective **community** response to a public health or medical emergency. **Priorities** of the HCSC are determined by the Hazard Vulnerabilities Assessment (HVA), identifying the **local Top Ten Hazards**.

Activities include conducting mutual hazard vulnerability/risk assessment to identify community health gaps and develop plans and strategies to address; development of standardized tools, emergency plans, processes and protocols, training and exercises to support the community.

- B. The work of the HCSC aligns with the emergency preparedness community prioritization requirements described in the Assistant Secretary of Preparedness and Response (ASPR) National Guidance for Healthcare System Preparedness and the CDC National Standards for State and Local Planning as well as other documents.
- C. The Health Care and Safety Coalition primary goal is to foster collaboration amongst provider types in order to strengthen the overall health system by leveraging expertise, sharing resources, and increasing capacity to respond.

III. Structure

- A. Meetings: **HCSC meetings** are conducted under the leadership of an organizational structure based on core organization members. Meetings are conducted every month in

Tuolumne-Calaveras Healthcare & Safety Coalition Participation Agreement

order to plan, test and evaluate protocols that mitigate effect, and improve the response and recovery to public health and medical emergencies and disasters in the Tuolumne or Calaveras County areas.

- B. Meeting content: Projects and outcomes of the HCSC meetings are aligned with local, regional, state and federal Emergency Preparedness initiatives. Input from the Tuolumne/Calaveras County Public Health Emergency Preparedness and Response Steering Committee will inform the HCSC of these local, regional, state and federal guidelines.

C. Membership

1. Core Members

Leadership positions are filled by each of the core member organizations, defined by the Office of the Assistant Secretary for Preparedness and Response as local public health departments, local EMS agencies, local emergency management agencies, & all local general acute care hospitals. Each core member organization is responsible for designating at least one representative, and each core member organization has a requirement to be represented at every coalition meeting. The following organizations represent the core members of the Tuolumne-Calaveras HCSC:

- a. Local Public Health Department
 - Tuolumne/Calaveras County Public Health Department
 - Leads coalition meetings
 - Sets agenda
 - Communicates dates/ times/ minutes
 - b. Tuolumne/Calaveras County Office of Emergency Services
 - c. Tuolumne/Calaveras County Emergency Medical Services Agency
 - d. Adventist Health Sonora/Mark Twain Medical Center
2. Members
- a. Members are delegated representatives of their respective organizations and facilities with authority to sign formalized agreement (or facilitates getting the signature when needed.)
 - b. Members must have signed participation agreements to receive Hospital Preparedness Program funds (HPP).
 - c. Membership is not limited to hospitals, but may include EMS, outpatient services (dialysis, primary care and tribal health), skilled nursing, mental health, assisted living, government entities such as Veterans Affairs and forensic health, community-based organizations and community response agencies, such as the American Red Cross, law enforcement, faith-based organizations, and other non-governmental organizations.
 - d. Utilization of Subject Matter Experts (SMEs) provides for improved coordination of preparedness, response, and recovery activities by contributing specialized knowledge to the plan. SMEs may be regular coalition members or may be brought in on an ad hoc basis.
3. Steering Committee
- a. Steering committee members include the Public Health Emergency Preparedness coordinators (HPP, PHEP, PanFlu), the Health Officer, Emergency Medical Services Administrator, Tuolumne/Calaveras County Office of Emergency Services and the

Tuolumne-Calaveras Healthcare & Safety Coalition Participation Agreement

Directors of the Human Services Agency (or designees), Public Health, Environmental Health & Behavioral Health.

- b. The steering committee meets, upon request, when guidance in local compliance with regulatory agencies is needed. They assist with priority setting and integration of health and medical response plans with county emergency plans.

IV. Roles and Responsibilities of the Coalition Members and Partners

Topic	Responsibility
Attendance and participation	<ol style="list-style-type: none"> 1. Attend 75% of annual meetings 2. Participate in Exercises, Training and Drills, including the Statewide Medical and Health Exercise (SWMHE).
Planning	<p>During the planning phase, each healthcare organization participating in the coalition agrees to do as able:</p> <ol style="list-style-type: none"> 1. Establish and maintain relationships with healthcare partners and local emergency response partners. 2. Share information 3. Review health emergency response plans and provide feedback; the policies and procedures developed by the Coalition. 4. Maintain emergency supplies for disaster response. 5. Develop, and integrate where applicable, organization disaster response, recovery and continuity plans. 6. Properly store and maintain supplies according to manufacturer's specifications, items purchased through the emergency preparedness funding streams, including restricted use for intended purposes and provide training for applicable employees on the proper use of the supplies. 7. Contact County Public Health within 30 days if any items purchased through the emergency preparedness funding streams if any item is broken or determined to be no longer needed. The County will provide direction regarding repair, transfer, or disposal of the item. <p>The Tuolumne/Calaveras County Public Health Hospital Preparedness Program agrees to do as able:</p> <ol style="list-style-type: none"> 1. Maintain inventory of grant purchased supplies and equipment. 2. Inspect the storage and maintenance of grant purchased supplies and equipment with at least 7 days' notice to the partnering agency.
Response	<p>During the response phase, each healthcare organization agrees to share resources to the best of its ability:</p> <ul style="list-style-type: none"> • Personnel • Equipment • Supplies • Pharmaceuticals • Information <ol style="list-style-type: none"> 1. Reimbursement: Reimbursement of shared resources should be agreed upon between the receiving and providing organizations. It is recommended that Mutual Aid agreements are completed <i>prior</i> to an emergency event between healthcare coalition members. 2. Implementation: Only the Incident Commander at each healthcare organization has the authority to activate the process of sharing of mutual aid and resources. 3. Resource Request Process: The process for requesting medical and health mutual aid resources is coordinated by the Tuolumne/Calaveras County Medical Health Operational Area Coordinator (MHOAC) and the Region IV Regional Disaster Medical Health Coordinator (RDMHC).

Tuolumne-Calaveras Healthcare & Safety Coalition Participation Agreement

	<ol style="list-style-type: none">4. Collaboration: Participate in shared healthcare system community response, including mass dispensing, bed decompression for the hospitals and consistent messaging through a Joint Information Center.5. Scarce Resources: Participate as a Multi-Agency-Coordinating (MAC) group to assist with de-confliction of scarce resources.
Recovery	<p>During the recovery phase, each healthcare organization agrees to do the following to the best of their ability;</p> <ol style="list-style-type: none">1. Begin recovery planning as soon as the response phase begins2. Return facility to pre-event status in terms of staffing, supplies and equipment, communications, EMS services, facility use, medical records, standards of care and finance.3. Resume day-to-day functions4. Monitor staff, patients, residents and volunteers for signs of stress, illness or needed interventions.

Signature Page

The following community and governmental agency, facility or organization agrees to participate in the Tuolumne-Calaveras Healthcare and Safety Coalition, a collaborative body representing the broad range of healthcare and safety resources in Tuolumne & Calaveras Counties committed to the goal of being prepared for a coordinated response to a local health emergency and/or disaster. This commitment includes all of the obligations stated in the previous pages of the participation agreement.

Agency

Name & Title of Representative (printed)

Date

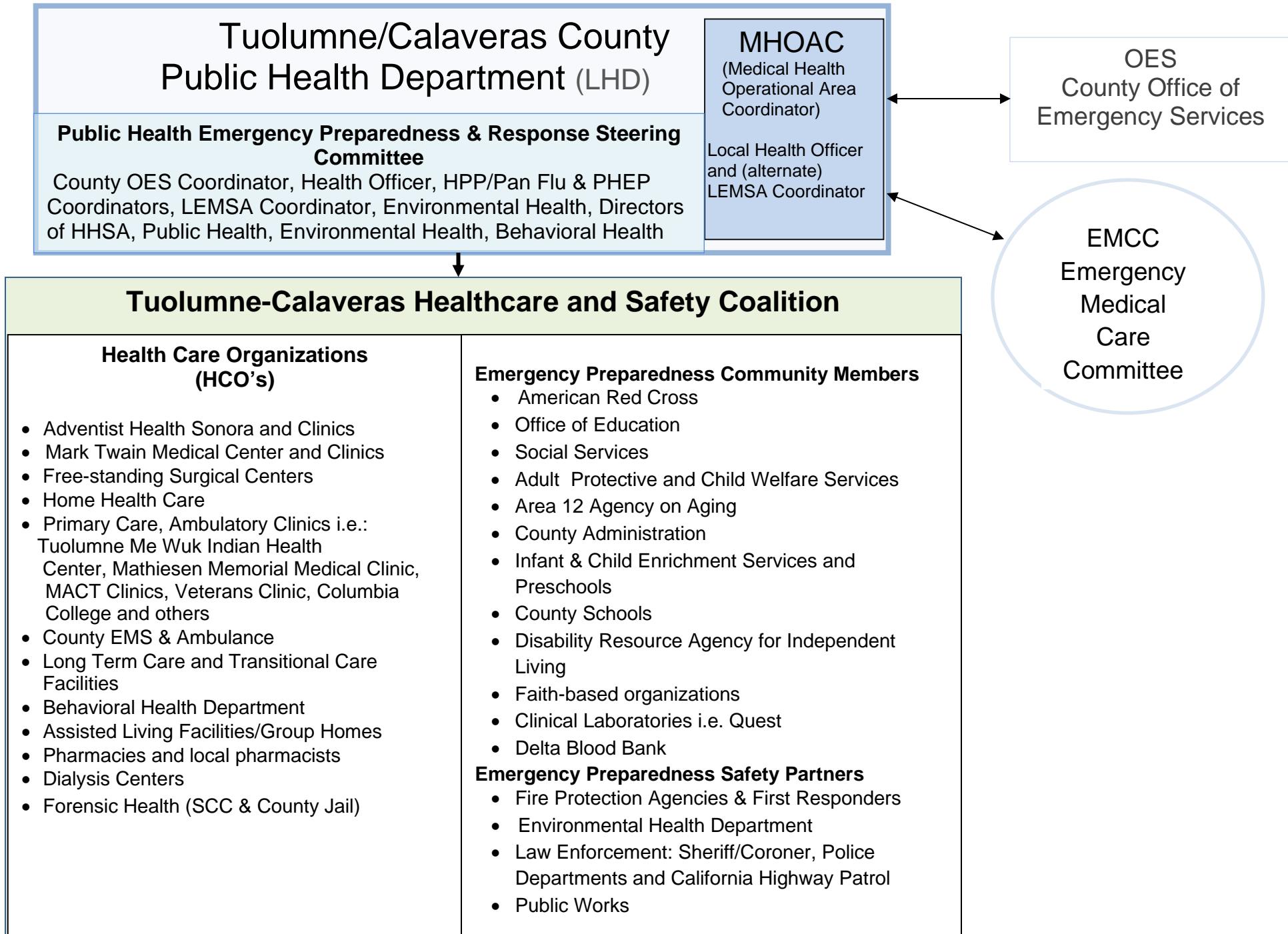
Signature

Please return original document to:

Tuolumne County Public Health
HPP Coordinator
20111 Cedar Rd. N,
Sonora, CA 95370

OR

Calaveras County Public Health
HPP Coordinator
700 Mountain Ranch Rd Suite C-2
Sand Andreas, CA 95249



Tuolumne-Calaveras Healthcare & Safety Coalition Participation Agreement

Preparing for Health and Medical Emergencies

[Print Form](#)

HEALTHCARE ORGANIZATION (HCO) SITUATION REPORT (SITREP)/RESOURCE REQUEST FORM

Agency: _____ Date: _____

Reporter(s): _____

Complete *preferred* communication method:

Phone: _____ FAX: _____ E-mail: _____

Report type:	<input type="checkbox"/> ADVISORY: No Action Required	<input type="checkbox"/> ALERT: Assistance may be needed, See Critical Issues	
	<input type="checkbox"/> INITIAL REPORT	<input type="checkbox"/> UPDATED REPORT	<input type="checkbox"/> FINAL REPORT
Name of Incident:	CURRENT STATUS: <input type="checkbox"/> NO CHANGE <input type="checkbox"/> IMPROVING <input type="checkbox"/> WORSENING		
Nature of Incident (describe the threat, risk or source of operational problems facing your facility):			
Incident Type: Estimate number of population affected at your facility:			

CRITICAL ISSUES (nearly exhausted or exhausted resources, specific health threat, functional status of utilities,etc):

RESOURCE REQUEST (request for support, such as equipment, supplies, volunteers or other resources): _____			
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OPERATIONAL STATUS					
<input type="checkbox"/> GREEN - Normal Operations: Situation Resolved		<input type="checkbox"/> ORANGE - SOME Assistance Required		<input type="checkbox"/> BLACK - NOT OPERATIONAL	
<input type="checkbox"/> YELLOW - Under Control: NO Assistance Needed		<input type="checkbox"/> RED - SIGNIFICANT Assistance Required		<input type="checkbox"/> GREY - Unknown Conducting Assessments	

System Function Specific Status - check box only if necessary (If other than green, provide brief comment)

Drinking Water	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	_____
Food Safety	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	_____
Health Haz-Mat/Fumes	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	_____
Liquid/Solid Waste Disposal	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	_____
Structural Safety	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	_____
Power Outage/HVAC	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Orange	<input type="checkbox"/> Red	<input type="checkbox"/> Black	_____

This report can be completed, printed and faxed (209) 533-7406.

Please confirm report received with a phone call to 533-7401, or 533-8055

PROCEDURE FOR COMPLETING HEALTHCARE ORGANIZATION SITUATION REPORT

The Medical Health Operational Area Coordinator (*MHOAC*) is the local jurisdiction access to assistance from California Region IV, and then if needed, to the State and Federal Government.

1. This report is **NOT** used for day-to-day reporting, such as mandatory communicable disease reports.
When an operational problem occurs in the course of ordinary day-to-day activities, relevant information should be reported to the appropriate local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures.
2. This report is to be used for Medical and Health Unusual Events *and if an Emergency System Activation occurs.*

Definition of Unusual Event:

- a. The incident significantly impacts or is anticipated to impact public health or safety
- b. The incident disrupts or is anticipated to disrupt the Public Health and Medical **system**
- c. Resources are needed or anticipated to be needed beyond the capabilities of the Operational area (including those resources available through existing agreements)
- d. The incident produces media attention or is politically sensitive
- e. The incident leads to a Regional or State request for information OR
- f. Whenever increased information flow from the Operational Area to the State will assist in the management or mitigation of the incident's impact.

Emergency System Activation occurs when the Healthcare Organization's Department Operation Centers (DOCs) and/or Emergency Operation Centers (EOCs) are activated.

Source: *EOM 2011, (Emergency Operations Manual, CDPH, EMSA)*

3. Complete this report for potential (unusual) events and actual events.
 - a. Complete demographic data including preferred method of communication
 - b. Check if initial report or an update. If multiple updates include how many, such #3.
 - c. Utilize the incident type to assist in categorizing of the event
 - d. Briefly describe the event
 - e. If resources needed, describe what you need, how many and if you have transport or need delivery.
 - f. Use color coded boxes to report OVERALL operational status.
 - g. If a natural disaster, such as a severe winter storm, has affected infrastructure, include that information. (otherwise may leave blank)
4. Use this form to request resources from either local, state or federal supplies/equipment/personnel. The Medical Health Officer Area Coordinator (*MHOAC*) coordinates medical health resources within the operational area and is the conduit to the region, State and Federal resources. The Local Health Officer has the authority to request an inventory from healthcare organizations if needed.
5. If you do not receive a confirmation that the report was received, please make a follow up phone call to ensure arrival.

Tuolumne Co. Public Health Department (TCHD):	209 533-7401
Tuolumne holidays/weekends/nights Duty Officer:	209 533-8055
Calaveras Co. Public Health Department (CCHD):	209-754-6460
Calaveras holidays/weekends/nights Duty Officer:	209-754-6465