

FLASH REPORT / 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:

Nature of Incident (describe the threat, risk or source of operational problems facing your facility):

CURRENT STATUS:

- NO CHANGE
- IMPROVING
- WORSENING

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):

OPERATIONAL STATUS

GREEN - Normal Operations:
Situation Resolved

ORANGE - SOME Assistance
Required

BLACK - NOT OPERATIONAL

YELLOW - Under Control:
NO Assistance Needed

RED - SIGNIFICANT Assistance
Required

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	_____
Structual 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 if after hours/holiday.

PROCEDURE FOR COMPLETING SITUATION REPORT

The Medical Health Operational Area Coordinator (*MHOAC*) is the local jurisdictional access point for assistance from California Emergency Medical Services Authority Region IV, and then if needed, to the State and Federal Government. This report is to be used to convey time-sensitive information to the Tuolumne County MHOAC in the event of an urgent or emergent event at local healthcare facilities and organizations. 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.

1. This report is **NOT** used for day-to-day reporting, such as mandatory communicable disease reports. For such events the usual reporting mechanisms should be utilized.
2. This report **IS** to be used for *Medical and Health Unusual Events* and if an *Emergency System Activation* occurs.

Definition of *Medical and Health 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 healthcare facility or facilities involved
- d. The incident produces media attention or is politically sensitive
- e. The incident leads to a Regional or State request for information

Definition of *Emergency System Activation*:

- a. *Emergency System Activation* occurs when a Public Health Department or a healthcare organization activates its Department Operation Centers (DOCs), Emergency Operation Centers (EOCs) or the equivalent(s).
3. Complete this report as follows:
 - a. Complete identifying data including **date and time** of report and **preferred method of communication**
 - b. Check if **Advisory** (simply informational) or **Alert** (potential need for assistance exists)
 - c. Check if **initial, update or final report**.
 - d. Identify the **incident name**, such as "Rim Fire"
 - e. Identify the number of people involved and the nature of the incident, such as "Air Quality compromised"
 - f. Indicate whether conditions are improving, staying the same or getting worse in the "**Current Status**" check box
 - g. Briefly describe the event under **Critical Issues**. If a natural disaster, such as a severe winter storm, has affected infrastructure, include that information.
 - h. Under **Resource Request**, if resources are lacking, describe what you need, how many and if you have transport or need delivery.
 - i. Under **Operational Status**, use **color coded boxes** to report OVERALL operational status.
 - j. Under **Status of Specific Systems**, indicate using the **same color code as above** whether any of the listed systems are affected.
 - k. Fax form to Public Health at 209-533-7406 and confirm receipt of the report by calling one of the following:
 - * Tuolumne County Health Department (TCHD): 209 533-7401
 - * Holidays/weekends/nights Duty Officer: 209 533-8055