Section V

Communications and Information Sharing

Updated: May 2023

Table	e of	Cont	ents
-------	------	------	------

Торіс		Page No.
I. <u>Purpose</u>		2
II. <u>Definitions</u>		2
III. Informatio	n Sharing	
Α.	<u>Day-to-day</u>	2
В.	Unusual Events	2
C.	Emergency System Activation	3
	1. Response Partner Reporting, Situational Reporting	3
	2. <u>CAHAN</u>	3
	3. Horizontal Communications	4
	a. Call Down Procedures (Health Department staff)	4
	4. Vertical Communications	4
	5. <u>Technological – Redundancy in Communications</u>	5
	6. Public Information – Risk Communication	5
IV. <u>Table 1: R</u>	oles and Responsibilities	5
Attachment 1:	Figures, Information Flow	8
Attachment 2:	Instructions for Electronic Status eReport (EMResource)	11
Attachment 3:	Instructions for Paper Status Report	14

I. **Purpose:** Sharing information with horizontal and vertical response partners supports situational awareness and decision-making at all levels of emergency management. Timely communication of incident information, including impact to the Public Health and Medical System, current and anticipated resource needs, and the capacity to respond are essential to developing common operating objectives.

See Section 1, Introduction, Authorities, for legal authority of the Health Officer.

II. Definitions

A. Public Health and
Medical SystemA system comprised of organizations, both public and private, which uses
common operating procedures in order to be prepared to successfully
respond to the public health and medical consequences of disasters.

III. Information Sharing

A. Day-to-Day Activities

Information routinely flows between Public Health and Medical System participants, including, but not limited to, health care providers and facilities, laboratories, other local health departments, environmental health departments, emergency medical services agencies, long term care facilities, social service agencies, law enforcement and fire services, county office of emergency services, agricultural commission, and State and Federal agencies. See Figure 1 at the end of this chapter.

Communicable Disease monitoring data and other public health information such as periodic articles from CDPH, U.S. Department of Homeland Security, and general medical literature will be posted by way of the California Health Alert Network (CAHAN) for access by local health care and emergency services personnel at will. See section on <u>CAHAN</u> within this chapter.

B. Unusual Events

Beyond ordinary day-to-day activities, unusual events may occur that do not rise to the level of an emergency, but warrant enhanced situational awareness and notification of partners. See Figure 2 at the end of this chapter. An unusual event may be self-limiting or a precursor to emergency system activation. An unusual event is defined as an incident that significantly impacts or threatens public health, environmental health or medical services. Definition of Medical and Health Unusual Event:

- 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 healthcare facility or facilities involved
- 4. The incident produces media attention or is politically sensitive
- 5. The incident leads to a Regional or State request for information

C. Emergency System Activation

Emergency system activation occurs when an incident leads to activation of a Department Operations Center (DOC) and/or Emergency Operations Center (EOC). Emergency system activation should trigger an enhanced level of information sharing to support the needs of the incident.

When an unusual event or emergency system activation occurs, providing incident information to response partners is critical. Prompt notification of response partners is likely to reduce incoming requests for information from multiple sources and allow response partners to anticipate the need for additional resources.

- 1. Response Partner Communications: Situational reporting provides the foundation for support and coordination of response activities and facilitates resource acquisition. The following described activities involve Medical and Health Situation Reporting and should occur during unusual events and emergency system activations.
- 2. Situation reporting conveys time-sensitive information to the Tuolumne County Medical Health Operational Area Coordinator (MHOAC). The MHOAC coordinates medical health event response and resources within the operational area and is the conduit to region, State and Federal resources. The Local Health Officer has the authority to request an inventory from healthcare organizations if needed.
 - a. Tuolumne County is a member of mutual aid Region IV. Region IV has an electronic bed management system. The database includes coalition partners to provide for electronic reporting. Links, passwords and instructions are distributed by the PHEP (Public Health Emergency Preparedness) or HPP (Healthcare Preparedness Program) Coordinator.
 - i. Coalition members are requested to make a phone call to the MHOAC at the onset of an incident.
 - ii. An electronic status eReport should be sent as soon as reasonably possible. This electronic report is automated and will alert the Public Health Emergency Preparedness team either by text (phone) or email. The eReport defines essential elements of information (EEI) such as Incident Command initiation, evacuation, structural damage and facility functionality.
 - iii. The eReport can be used for periodic updates during an event and/or when requested by the MHOAC.
 - iv. The eReport is utilized for resource requests to the DOC and/or Region IV.
 - A comment fill-in and functional status is viewed by all coalition members to improve information sharing and a shared operational common operating picture among healthcare partners. See Instructions in Attachment 2

- Redundancy in communications: The Healthcare Organization Status Report (paper report) is used if the electronic system is unavailable. See Annex 9, Healthcare and Safety Coalition.
 - Healthcare organizations should complete the form according to instructions on the back of the form and fax to Public Health at (209) 533-7406 and confirm receipt of the report by calling one of the following:
 - a) Tuolumne County Health Department (209) 533-7401
 - b) Holidays/weekends/nights Duty Officer (209) 533-8055
- c. The EMSystems hospital communication network is monitored and maintained by the Emergency Medical Services coordinator. This system has been adapted by the OES Region IV EMSAs to facilitate patient distribution during multi-casualty incidents, and interhospital communications, including HAvBED, for the purpose of assessing bed and patient care capacities.
- 3. California Health Alert Network (CAHAN): CAHAN is a secure, web-based communication and information system available on a 24/7 basis for distribution of health alerts, dissemination of guidance documents, coordination of disease investigation efforts, preparedness planning, and other activities that strengthen State and local emergency preparedness and response. CAHAN provides a collaborative work environment between local and state health agencies and local providers and partners. Primary CAHAN functions include alerting via multiple communication methods (pager, email, fax, land line, and cell phone); and a role-based directory that allows communication between specific groups.
 - All healthcare, safety, and social service partners in the community are encouraged to enroll at least one representative from their organization to participate in CAHAN. Enrollment can be facilitated by contacting the CAHAN Coordinator at the Public Health Department. The PHEP Coordinator is designated as the local CAHAN Coordinator and is responsible for organization and maintenance of the CAHAN database, outreach, and user training.
 - b. CAHAN alerts during unusual events or emergencies may be issued by a CAHAN user with alerting authority by completing the CAHAN Alert Form and submitting for approval by the County Health Officer or designee. The Hospital CAHAN program may send alerts according to their policies and procedures and do not require approval by the Health Officer. CAHAN alerts should only be sent in support of public health and safety.
 - 4. Horizontal Communications
 - a. When a Public Health Department Operations Center (DOC) has been activated, the County Health Officer will contact County OES. A County OES representative is invited to participate in Health Department DOC operations.

- b. Public Health Staff
 - The Health Officer or a duty officer are on call for the Health Department 24/7. The Health Officer or a Public Health Manager are available by cell phone or land line for on-call coverage at all hours.
 - The Health Department utilizes a phone tree to activate the department's emergency response activities 24/7. The TCHD Emergency Phone Contact List is available in the Resource Documents and is password protected.
 - c. Disaster Healthcare Volunteers (DHV): The Disaster Healthcare Volunteers program is utilized when an event necessitates the need for local volunteer resources. The DHV program is a statewide volunteer registration system, whereby local volunteers can register and is coordinated locally by the EMS and PHEP Coordinators. See Annex 10, Volunteer Management.
- 5. Vertical Communications
 - a. Upon activation of a DOC or EOC, the MHOAC submits a Situational Report (SitRep) to the Regional Disaster Medical Health Coordinator (RDMHC) and to the California Department of Public Health (CDPH) and/or Emergency Medical Services Authority. The RDMHC and/or CDPH and EMA will respond and may alert Federal emergency response agencies according to *California Public Health and Medical Emergency Operations guidelines*. See Figure 3 at the end of this chapter and the Section 2, The 17 Essential Functions of the MHOAC Program.
- 6. Technological Equipment: Redundancy of communications systems provides assurance that linkages would be maintained even in the event of landline failure. See Contact Information document in the HEPReP Resource documents.
 - a. The Public Health Radio System: Public Health maintains 24 UHF handheld radios to utilize in the event of emergency loss of landline communications. The Public Health Radio System shall be utilized between Incident Command personnel and healthcare partners. Due to the open and mountainous terrain of the county, higher frequency systems are less practical. One UHF repeater is installed. UHF Repeaters are utilized to maximize reception due to the nature of the geography/terrain within the operational area. Frequencies:

Channel	Receive Frequency	Transmit Frequency	Operating Mode	Name	Tone Mode	CTCSS	Rx CTCSS	Tx Power	Comment
1	453.1000	458.1000	FM Narrow	ТС РН	T Sql	146.2 Hz	146.2 Hz	High	TC Public Health Repeated
2	453.1000	453.1000	FM Narrow	TC PH	T Sql	146.2 Hz	146.2 Hz	High	TC Public Health Simplex

- b. Satellite Phones: The Health Department maintains 2 active-service satellite phones with 4 additional sets available for activation.
- c. County OES Radios: The County OES retains 28 mobile Motorola 5watt VHS frequency radios to utilize in the event of landline failure.
- d. The county maintains a landline network telephone system with interagency extensions. The County Information Technology (IT) Department is responsible for maintenance of this system.
- e. Internet connections and the county computer network are serviced by the County IT Department. This department provides on-call coverage 24/7. See Resources document; Contact Information.
- f. Paging services are available through the Sheriff's Department Dispatch, or through private exchange services for on-call and supervising agency personnel.
- g. Amateur radio equipment is utilized through the local Amateur Radio Group in the event that it is necessary to expand standard communications capability.
- D. <u>Public Information-Risk Communication Plan</u>

The purpose of the Tuolumne County Health Department Risk Communication Plan is to establish the framework for providing important public health guidance and information on protective measures to the public and to partnering agencies in response to an emergency or crisis event. See Annex 7, Crisis and Emergency Risk Communication Plan.

IV. Roles and Responsibilities, Table 1

Role	Responsibilities
MHOAC (Medical Health	 Notify the RDMHC Program in an unusual event or upon activation of a DOC/EOC
Operational Area Coordinator)	 Notify the CDPH and/or EMSA Duty Officer programs, either directly or through the RDMHC Program. See Section 2, Public Health Response, MHOAC Functions
Health Officer	 Authorize any information/media to be released Maintain availability to the PIO for public communications Act as Incident Commander for any medical health emergency Review all situation reports submitted by healthcare organizations While the PIO provides coordination of public communications, it is the responsibility of the Health Officer/Incident Commander to maintain avenues of communication with his or her counterpart in Law Enforcement
Director of Public Health	 May provide and authorize the release of public statements in the absence of the Health Officer, upon designation by the Health Officer Supervise maintenance of radios retained by Public Health.
PIO (Public Information Officer)	 Responsible for developing and releasing information about an incident to the news media, to incident personnel, and to other appropriate agencies and organizations, upon approval of the

5-6-15

Role	esponsibilities	
	Incident Commander and when indicated, in collaboration with the	
	County OES PIO. See Annex 7, Crisis and Emergency Risk	
	Communication Plan for more details	
	2. Oversee arrangement to assure that communications devices are	
	accessible and functional	
EMS Coordinator	1. Coordinate ambulance and first responder radio communications	
	through LEMSA Base Station QA process	
	2. Monitor the EMSystems hospital communication network	
	3. Prepare and provide emergency contact numbers for members of the	ne
	local emergency response agencies	
Law Enforcement	1. Coordinate with Public Health Incident Command on release of	
	information and instructions to the public	
Tuolumne County	1. Provide support of hardware and software system allowing for	
Information Technology	internet connections with distant resources such as CDPH, CDC,	
Department	CAHAN, etc.	
	2. Facilitate the posting of information to the County website	
Healthcare Partner	1. Maintain communications with the DOC/MHOAC to report any	
Infectious Disease	infectious disease outbreak or contamination of the hospital facility	1
Coordinators	with an infectious agent	
Hospital Disaster	1. Manage the EMSystems hospital data hardware & software	
Coordinator		
Emergency Room Mobile	1. Process queries to assist with management of multi-casualty	
Intensive Care Nurse	incidents that exceed the capacity of local hospital resources	
(MICN) or RN		

Attachment 1: Figures, Information Flow

Figure 1. Information Flow during Day-to Day Activities

←-----> Information flow in compliance with regulatory, statutory, and program requirements.

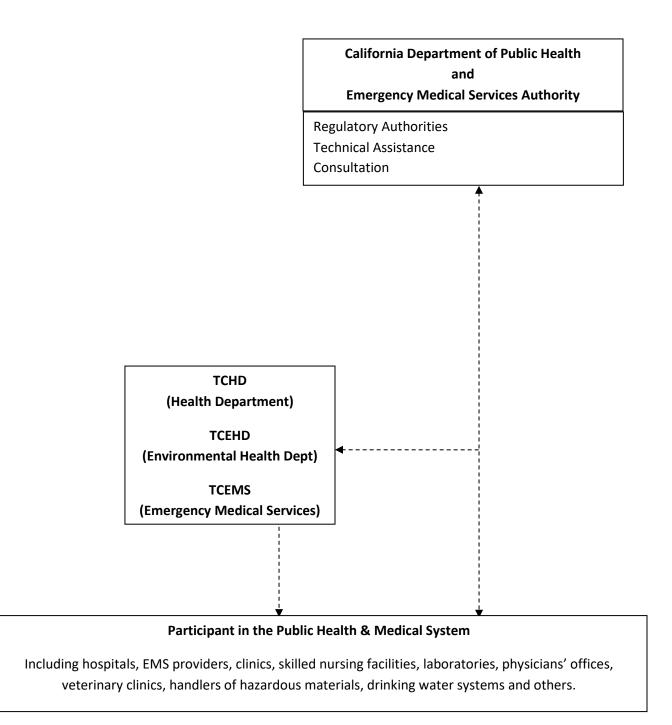


Figure 2.

Information Flow during Unusual Events

Information flow in compliance with regulatory, statutory, and program requirements.

Information flow including notification and medical and health situation reporting.

Direct notification between entities and the California OES State Warning Center in compliance with statutory and regulatory requirements (e.g., HazMat spills and releases).

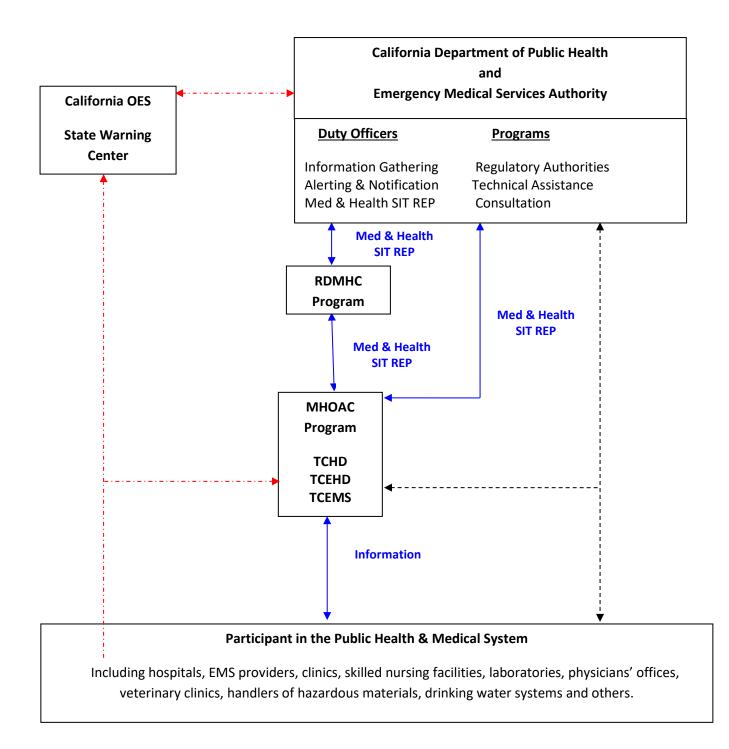
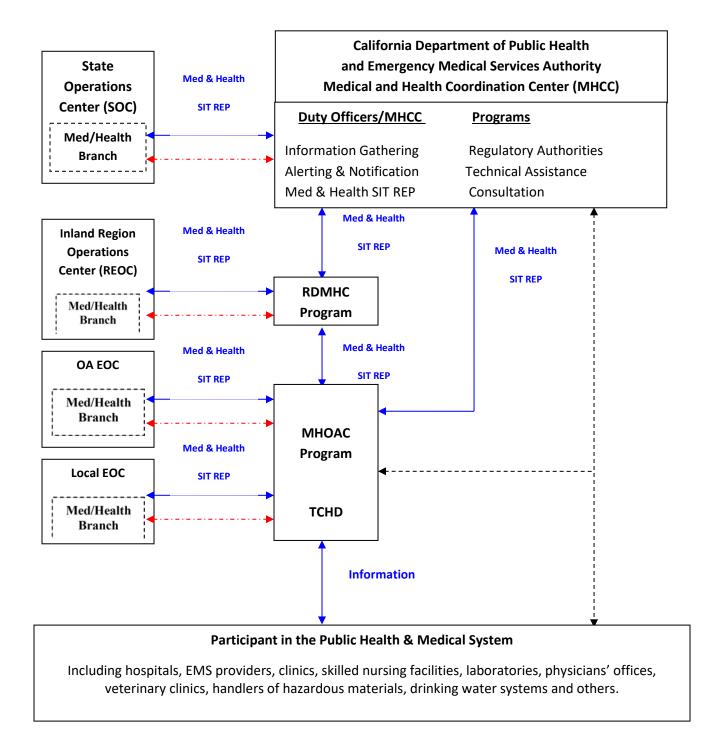


Figure 3. Information Flow during <u>Emergency System Activation</u>

- ←-----> Information flow in compliance with regulatory, statutory, and program requirements.
- Information flow including notification and medical and health situation reporting.
- Direct notification between entities and the California OES State Warning Center in compliance with statutory and regulatory requirements (e.g., HazMat spills and releases).



Attachment 2: Status eReport Instructions

Instructions for Tuolumne County Status eReport for Hospital and Non-Hospital

1. Log onto the EMResource website <u>https://emresource.juvare.com/login</u> Practice/Demo Site is: <u>https://emresource.demo.juvare.com/login</u>

Fractice/Demo Site is: <u>https://emresource.demo.juvare.com/login</u>

2. Enter your Username and Password (Public Health can get this for you)



 Click on the User Links and select the applicable facility report icon: (Hospital or Non-hospital) from the drop down menus.

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

EMResource California In	and Region		Contact Us Help Cente	er Search Log Out Intermedix
Setup View Other Regions	Event Preferences Form	Report Regional Info	IM CONTRACTOR	User Links
Tuolumne				Medical Health Mutual Aid System Information
County Admin Tuolumne Co MHOAC	Activation Non-Activated		Commer CHAN	California Health Alert Network
Tuolumne County	Facility Status		Commer 🏀	Dispatch Patient
Sonora Regional	Open	Tr	Select	Message to Selected Users/Hospitals
Sacramento County	Facility Open	Comment		Oberan Iospitala
Mercy San Juan (Level II Trauma Center)	Open		ALL A	Toulumne County Status Hospital Services
Placer County	Facility			Tuolumne County Status
Sutter Roseville(Level II Trauma Center)	Open			Non-Hospital Services
E Stanislaus County	Facility Comment Status			
Doctore Med Center /Level II Trauma Ctr)	Open			

Note: Be sure your computer is set to allow popups from EMSystems so the form will open.

Tuolumne County EMResource Healthcare Facility Status Report Instructions

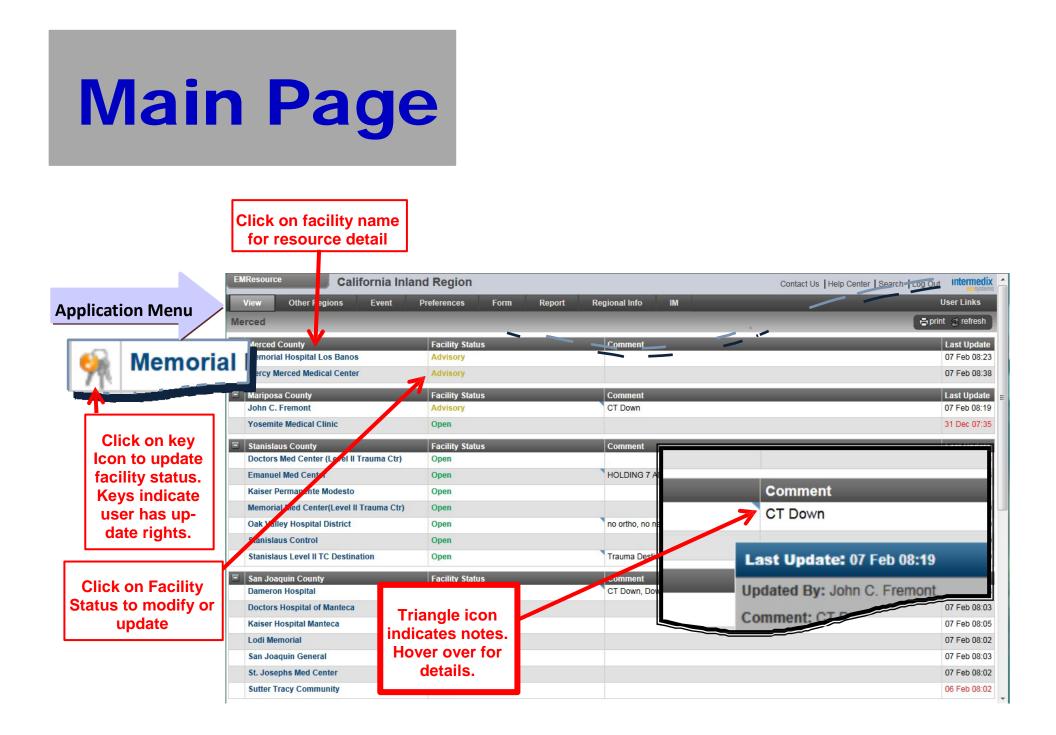
4. Complete the appropriate status report template

Tuolumne Coun	ty Status Hospital S	ervices		Tuolumne County	y Status Non-Hospital Services	j
Complete and submit.				Complete the following form a	and submit to MHOAC	
1. Date *	mm/dd/yyyyy					
2. Time (use 24 hour block) *						
Name of Incident *				1. Date *	mm/dd/yyyy	
description of vent				2. Time - use 24 hour clock *		
. Event Type *	Choose from			3. Name of incident *		
Facility Name *	Choose from		•	o. Name of moldent		
	Choose all that fit - hold down All Acute SNF/TCU Home Health/Hospice/DME Prompt Care Forest Rd. Health and Wellin Clinic Services - indicate nan	n shift key to select more than one		4. Description of event		/
. Clinic Service	Clinic Services - indicate nan	te in #7	•	5. Event Type *	Choose from	•
Report Type *	Choose from		v	6. Name of Clinic *	Choose from	*
Prognosis *	Choose from		T	7. Report Type *	Choose from	•
0. Primary Contact Iame *				8. Pronosis *	Choose from	•
1. Contact Phone * 2. Fax				9. Primary Contact		
. Cell				Name *		
Contact email				10. Contact Phone *		
i. Alternate Contact				11. Fax		
other alternate ntact information				12. Cell		
. Is HCC Activated	Choose from		T	13. Contact email		
8. Contact for HCC				14. Alternate Contact		
tie/Tuolumne Cou	anty Status Hospital Service	s Form'		15. Other alternate		
Indicate number of untre	eated immediate, delayed, and min	or patients, as well as any treated mind	patients on hand.	contact info		
				16. Have you initiated	Choose from	•
		Number		an Incident		
treated-Immed				Command Center *		
treated-Delay				17. Contact for Incident Command		
reated Minor				incident Command		
ated-Minor				18. Estimate of patients, clients or	1	
itients, Clients or Staff	finjured			staff ill or injured		
). Other *				19. other info		
				20. Incident Type *	Choose from	•
				21. Are you	Choose from	•
, Incident Type *	Choose from		•	evacuating		
. Are you acuating? *	Choose from		Y	22. Overal Facility Status *	Choose from	*
Resources reded				23. Resources		
i. Resources vailable				needed		1
			4	24. Resources		
				Available		

5. Click on the Submit Form button located at the bottom of the form.

Submit Form

6. After you have submitted the form, the system will send it to the MHOAC for processing. Follow up with a phone call to the MHOAC to ensure situation report was received.



Preparing for Health and Medical Emergencies

Reporter(s):							
Complete pr	referred commu	nication meth	od:				
Phone:		F	AX:		E-n	nail	
	ADVISORY: I	No Action Requ	uired	AL	ERT: Assistance	e may be needed, S	ee Critical Issues
Report type: –		ORT			PDATED REPOR	RT	FINAL REPORT
Name of Incid		be the threat,	risk or sou	rce of operat	onal problems	s facing your facili	ty):
							Incident Type: Estimate number of population affected at your facility:
OPERATIONA	AL STATUS			pment, suppl		s or other resourc	
OPERATIONA		ions:			Assistance		es): NOT OPERATIONAL
OPERATIONA	AL STATUS - Normal Operat	ions: ved l:		NGE - SOME Requ	Assistance	BLACK -	

This report can be completed, printed and faxed (209) 533-7406. Please confirm report received by calling 533-7401 or 533-8055

PROCEDURE FOR COMPLETING HEALTHCARE ORGANIZATION 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). (1)
- 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, e. 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 (1) - Source: EOM 2011, (Emergency Operations Manual, CDPH, EMSA)